STATE OF CALIFORNIA

Alcohol and Drug Programs

1700 K Street
Sacramento, CA 95811

Companion Guide
for HIPAA
837P and 835 Transactions

(Professional Health Care Claims and

Health Care Claim Payment/Advice)

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DOCUMENT CONTROL SHEET

Approvals

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Change Record

Date	Author	Version	Change Reference
Pre-2006	ADP	Draft	ICD-9 Table added, including 5th digit.
2006	ADP	1.9	Claim Status Codes for the Claim Payment Information Segment at request of trading partners. This version was not published but is incorporated into Version 1.10.
2/26/2007	Steve Taketa	1.10	Updated the 837 specifications to allow for NPI data collection during and after a "Transition" period Fixed errors and formatting issues throughout the document.
5/7/2007	Michael Freeman	1.10.1	Corrected Service Facility Location Secondary ID, Valid Values Column on page 29 of companion guide.
10/15/2007	Michael Freeman	2.0	Updated Companion Guide for NPI only implementation. NPI will be the single identifier on the 837P and will be returned on the 835.
10/18/2007	Michael Freeman	2.1	Updated pg. 22, the Rendering Provider Segment requirements. Rendering Provider NPI's are only required when billing with procedure codes H0004 and H0005. The rendering provider segment is optional for services billed with other procedure codes. Also updated Example of an 835 Transaction (pg. 49)
1/14/2008	Michael Freeman	2.2	Added N3 and N4 Segment to 2310D Loop on page 23.
2/11/2008	Michael Freeman	3.0	Added warrant information to the 835 transaction. Removed unneeded segments. Added best practice for ST-SE transaction size. Multiple clarifications and minor corrections.

Date	Author	Version	Change Reference
4/23/2008	Michael Freeman	3.1	Updated 7.2.4 Table D – SD/MC Error Codes Crosswalk on pg. 75-78. Changed qualifier from FI to XX in the 835 segment Payee Identification 1000B, N103 on pg. 41.

Distribution

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Table of Contents

1.0 INTRODUCTION

1.1 PURPOSE

The purpose of this Companion Guide is to document any assumptions, conventions, or data issues that may be specific to ADP business processes when implementing the HIPAA ASC X12N Implementation Guides. This Companion Guide does NOT replace the Implementation Guides, nor does it attempt to amend any of the rules therein or impose any mandates on ADP trading partners. Readers of this Companion Guide should be acquainted with the Implementation Guides, their structure and content. Information contained in the HIPAA Implementation Guides has not been repeated here, although the Guides have been referenced when necessary.

The Companion Guide provides information necessary for trading partners to submit claims/encounters electronically to ADP for adjudication and processing through the Short-Doyle Medi-Cal (SD/MC) system. Included are data elements that are either required, or required in certain circumstances, to meet HIPAA validation and SD/MC processing requirements.

1.2 DEFINITIONS OF KEY TERMS

County – This term applies to a county that submits claims or receives remittance advices on behalf of the county.

Direct Contract Provider (DCP) – This term applies to alcohol and drug service providers who contract directly with ADP and submit claims or receive remittance advices from ADP.

SD/MC (Short-Doyle/Medi-Cal) System – This is the claims processing system operated by the Department of Health Services to process SD/MC claims.

1.3 OVERVIEW

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) legislation mandates that many of the major health care electronic data exchanges, such as electronic claims and remittance advices, be standardized into the same national format for all payers, providers, and clearinghouses. All counties or Direct Contract Providers who submit data electronically to the State of California Department of Alcohol and Drug Programs (ADP) must submit in the mandated HIPAA formats.

HIPAA specifically names several electronic transactions that must be followed when certain health care information is exchanged. These transactions are published as National Electronic Data Interchange Transaction Set Implementation Guides. They are commonly called Implementation Guides (IGs) and are referred to as IGs throughout this document. Additionally, an addendum to each of the IGs has been published and must be used to properly implement each transaction.

This 837P and 835 Companion Guide (CG) is intended primarily for Counties and Direct Contract Provider Information Technology and Systems Staff who support Electronic Data Interchange (EDI) 837P Transactions with ADP.

1.4   SCOPE

The guide covers data elements that are required to meet HIPAA validation and SD/MC processing requirements. This document supplements ASC X12N Implementation Guides which may be found at www.wpc-edi.com. This document shows how ADP uses the EDI ASC X12 837P Electronic Transaction, Version 004010X098A1 for compliance with HIPAA.   This document also shows how ADP uses the EDI ASC X12 835 Electronic Transaction, Version 004010X091A1 for compliance with HIPAA.

1.5   NOT IN THE SCOPE OF THE HEALTH CARE CLAIM

Claim transactions for the purpose of the Coordination of Benefits (COB) are outside of the scope of this companion guide. Information about how a particular claim is adjudicated by ADP is also outside of the scope of this companion guide.

1.6   PRIVACY AND SECURITY PROTECTION

This Companion Guide does not specifically address privacy and security protection regarding the use of the system or application technology to send and receive a transaction set. For example, registration and management of users, assignment and exchange of passwords, ID, digital certificates, authentication, authorization, and other access restrictions are not addressed in this Companion Guide. This document assumes that the transaction exchange will take place in a processing and communication environment that is secure at both ends for the senders and the receivers of data.

1.7   BASIC TECHNICAL INFORMATION & PROCESSING ASSUMPTIONS

Some transactions are created and generated by, or on behalf of, a County or Direct Contract Provider. Others are created by ADP either in response to a request received from a county or as a means to provide pertinent information to Counties or Direct Contract Providers. Several processing assumptions must be stated that could include inbound (to ADP) transactions or outbound (from ADP) transactions. The following table identifies each transaction addressed by this companion guide as inbound or outbound.

Inbound	Outbound
837 Professional Health Care Claim-ASC X12N 837(004010X98A1)X	997(Functional Acknowledgment)
837 Professional Health Care Claim-ASC X12N 837(004010X98A1)X	835 Health Care Claim Payment Advice-ASC X12 835(004010X091A1)X

1.8   DATA DELIMITERS:

A data delimiter is a character used to separate two data elements or sub-elements, or to terminate a segment. Delimiters are specified in the interchange header segment, ISA. The ISA segment is a 105-byte, fixed-length record. The data element separator is byte number 4; the component element separator is byte number 105; and the segment terminator is the byte that immediately follows the component element separator. Once specified in the interchange control header, delimiters are not to be used in a data element value elsewhere in the transaction.

The following list includes basic technical information for each transaction:

- Lower case characters on inbound transactions are converted to uppercase on outbound transactions.
- The following delimiters are used for all outbound transactions:
  - o   * (asterisk) = data element separator
  - o   : (colon) = sub element separator
  - o   ~ (tilde) = segment terminator
- All monetary amounts and quantity fields have explicit decimals. The decimal point always appears in the character stream if the decimal point is at any place other than the right end. If the value is an integer with the decimal point at the right end, the decimal point should be omitted. See the IGs for additional clarification.
- The TA1 is an interchange acknowledgment that is generated when a functional group is rejected.
- The 997 is a functional acknowledgment that is generated in response to all inbound batch transactions from counties.
- If 837P file contains multiple functional groups, ADP generates multiple 997s, each corresponding to one functional group number. All 997s will be placed in a single file.
- If one item within a transaction is noncompliant, the entire transaction (ST-SE) is rejected. If a file has multiple transactions (ST-SE), individual transactions may be rejected while allowing the remaining transactions to continue through processing.
- Data elements required by the IGs, but not used by ADP, can be completed with any valid value to avoid compliance errors.

1.9   TRADING PARTNER REGISTRATION

An ADP EDI Trading Partner is defined as any County or Direct Contract Provider who exchanges (e.g. transmits or receives) electronic claims data with ADP. Any County or Direct Contract Provider who wishes to exchange electronic claims data with ADP must complete a *Trading Partner Agreement*. The *Trading Partner Approver* form is used to indicate which transactions the County or Direct Contract Provider wishes to exchange. The form is available by calling the ADP Help Desk at (800) 456-7890.

1.10 CONTACT INFORMATION

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2.0   837P CONTROL SEGMENTS / ENVELOPE STRUCTURE

2.1   OVERVIEW

Appendix A, Section A.1.1 of each X12N HIPAA IGs provides details about the rules for ensuring integrity and maintaining the efficiency of data exchange. Data files are transmitted in an electronic envelope. The communication envelope consists of an interchange envelope and functional groups. The interchange control structure is used for inbound and outbound files. An inbound interchange control structure is the envelope that wraps all transaction data (ST-SE) sent to ADP for processing. Examples include 837P and 997 transactions. An outbound interchange control structure wraps transactions that are created by ADP and returned to the requesting county. Examples of outbound transactions include 835 and 997 transactions. The following tables define the use of this control structure as it relates to communication with ADP.

2.2   SEGMENT AND DATA ELEMENT DESCRIPTION

Each segment table contains rows and columns describing different segment elements. Those components are as follows:

- Segment Name – The industry assigned segment name as identified in the IGs

- Segment ID – The industry assigned segment ID as identified in the IGs

- Loop ID – The loop within which the segment should appear

- Segment Usage – Identifies the segment as required or situational

- Segment Notes – A brief description of the purpose or use of the segment

- Example – An example of a complete segment

- Element ID – The industry assigned data element ID as identified in the IGs

- Usage – Identifies the data element as R-required, S-situational, or N/A-not used based on ADP guidelines

- Valid Values – If any value exists then that value only is expected. If this is blank then it is the trading partner (TP) discretion to use appropriate value

- Guide Description/Valid Values – Industry name associated with the data element number. If no industry name exists, then it is the IGs data element name. This column also lists in BOLD the values and/or code sets to be used

- Comments – Description of the contents of the data elements including field lengths

2.3   ISA SEGMENT

This section describes ADP's use of the ISA interchange control segment.   It includes a description of expected sender and receiver codes and delimiters.   Use uppercase letters in this segment.

Segment Name	Interchange Control Header			
Segment ID	ISA			
Loop ID	N/A			
Segment Usage	Required			
Segment Notes	All positions within each data element in the ISA segment must be filled. Delimiters are specified in the Interchange Header Segment. The values are as follows: * Asterisk Data Element Separator : Colon Sub element Separator ~ Tilde Segment Terminator			
Example	ISA*00* *00* *ZZ*C30000000000000*ZZ*INFOTECHWEBSVCS*030918*1659*U*00401*000000864*1*P*:			

Element ID	Usage	Element Name	Valid Values	Comments
ISA01	R	Authorization Information Qualifier	00	No information in ISA02
ISA02	R	Authorization Information	10 Blanks	Fixed length
ISA03	R	Security Information Qualifier	00	No information in ISA04
ISA04	R	Security Information	10 Blanks	Fixed length
ISA05	R	Interchange ID Qualifier	ZZ	Mutually defined
ISA06	R	Interchange Sender ID	Examples: C59000000000000, E92345678900000	For County: C + County Code + 12 Zeroes, For Direct Contract Providers: E + EIN + 5 Zeroes
ISA07	R	Interchange ID Qualifier	ZZ	Mutually defined
ISA08	R	Interchange Receiver ID	INFOTECHWEBSVCS	
ISA09	R	Interchange Date	YYMMDD	The date the 837 is created
ISA10	R	Interchange Time	HHMM	The time the 837 is created
ISA11	R	Interchange Control Standards Identifier	U	US EDI Community of ASCx12, TDCS and UCS
ISA12	R	Interchange Control Version Number	00401	
ISA13	R	The Interchange Control Number		Created by the Sender and must have the same value as in the Interchange Trailer (IEA02). It must 9 numeric characters (e.g., 123456789).
ISA14	R	Acknowledgment Requested	0	If value were 1 = Interchange Acknowledgment Requested (TA1); Not currently supported 0 – No Interchange Acknowledgment Requested
ISA15	R	Usage Indicator	T or P	T for Test P for Production
ISA16	R	Component Element Separator	:	The component element separator is a delimiter and not a data element. It is used with composite data elements such as CLM05.

2.4 GS SEGMENT

This section describes the ADP use of the GS functional group control segment and the expected sender and receiver codes defined in the trading partner agreement. There can be multiple GS-GE segments in one ISA-IEA segments. Use uppercase letters in this segment.

Segment Name	Functional Group Header			
Segment ID	GS			
Loop ID	N/A			
Segment Usage	Required			
Segment Notes	The functional group header used for the 837 is HC.			
Example	GS*HC*C59000000000000*INFOTECHWEBSVCS*20020606*105531*5*X*004010X096A1~			
Element ID	**Usage**	**Element Name**	**Valid Values**	**Comments**
GS01	R	Functional Identifier Code	HC	Health Care Claim(837)
GS02	R	Application Sender's Code	Examples: C59000000000000, E12345678900000	For County: C + County Code + 12 Zeroes, For Direct Contract Providers: E + EIN + 5 Zeroes
GS03	R	Application Receiver's Code	INFOTECHWEBSVCS	
GS04	R	Date		CCYYMMDD
GS05	R	Time		HHMMSS
GS06	R	Group Control Number		Must match GE02 Must be unique within ISA segment.
GS07	R	Responsible Agency Code	X	
GS08	R	Version/Release/Industry Identifier Code	004010X098A1	October 2001 version.

2.5 GE SEGMENT

This section describes the ADP use of the GS functional group control segment and the expected sender and receiver codes defined in the trading partner agreement. There can be multiple GS-GE segments in one ISA-IEA segments. Use uppercase letters in this segment.

Segment Name	Functional Group Trailer			
Segment ID	GE			
Loop ID	N/A			
Segment Usage	Required			
Segment Notes	None			
Example	GE*5*399876323~			
Element ID	**Usage**	**Element Name**	**Valid Values**	**Comments**
GE01	R	Number of Transaction Sets Included		
GE02	R	Group Control Number		Same as GS06

2.6   IEA SEGMENT

This section describes ADP's use of the IEA interchange control segment.   It includes a description of expected sender and receiver codes and delimiters.   Use uppercase letters in this segment.

Segment Name		Interchange Control Trailer		
Segment ID		IEA		
Loop ID		N/A		
Segment Usage		Required		
Segment Notes		None		
Example		IEA*5*399876323~		
Element ID	Usage	Element Name	Valid Values	Comments
IEA01	R	Number of included functional groups		Number of functional groups included in this interchange envelope
IEA02	R	Control number		Should be same as ISA13

2.7 Sample Interchange Control Segment

ISA*00* *00*
***ZZ*C59000000000000*ZZ*INFOTECHWEBSVCS*030918*1659*U*00401*000000864*1*P*:**
GS*HC*C59000000000000*INFOTECHWEBSVCS*20030921*1659*863*X*004010X098A1

       ST – 837 TRANSACTION SET HEADER
       DETAIL SEGMENTS
       SE – 837 TRANSACTION SET TRAILER
       ST – 837 TRANSACTION SET HEADER
       DETAIL SEGMENTS
       SE – 837 TRANSACTION SET TRAILER

GE*1*863~

IEA*1*000000864~

3.0 837P - HEALTH CARE CLAIM · PROFESSIONAL

3.1 DESCRIPTION OF THE LAYOUT OF THE DATA

The ASC X12N 837P (04010X098A1) transaction is the HIPAA mandated instrument by which professional claims or encounter data must be submitted. As per HIPAA regulation, all electronic professional claims must be submitted using this transaction.

This document is intended only as a Companion Guide and is not intended to contradict or replace any information in the IGs or ADP regulations, Letters, and Notices. It is highly recommended that implementers (Counties and Direct Contract Providers) have the following resources available during the development process:

- ADP 837P & 835 Companion Guide (This Document)
- Health Care Claim Professional 837 Implementation Guide (ASC X12N 837 - 004010X098)
- Health Care Claim Professional 837 Implementation Guide Addenda (ASC X12N 837 - 004010X098A1)

Additionally, there are several processing assumptions, limitations, and guidelines that a developer must be aware of when implementing the 837P transaction. The following list identifies these processing stipulations:

1. ADP has lifted the restriction that limits CLM segments per ST – SE to 5000. The IGs recommends creating this limitation to avert circumstances where file size management may become an issue. Instead, ADP will monitor the processing times for larger files to ensure maximum translator performance.

2. All monetary amounts have explicit decimals. The decimal point always appears in the character stream if the decimal point is at any place other than the right end. If the value is an integer, decimal point at the right end, the decimal point should be omitted. See the IGs for additional clarification.

3. Negative quantities or amounts are rejected.

4. Quantities and amounts have pre-adjudication edits. Refer to the appropriate segments in the IG for ADP formats.

5. Other data elements with lengths greater than SD/MC definitions are truncated.

6. ADP is referred to as ADP in applicable receiver segments.

7. ADP processes a maximum of 50 service lines per claim. Claredi rejects claims if service lines exceed 50.

8. ADP treats all 837P transactions as original claims. Claim adjustments and Resubmissions of corrected claims must be submitted per ADP's DMC policies and procedures in the DMC Provider Billing Manual.

3.2 SEGMENT USAGE

The following matrix lists only those segments required for submission with the 4010A1 version of the 837P HIPAA Implementation Guideline for the Department of Alcohol and Drug Programs (ADP). Additionally, the matrix includes a column for ADP use for the transaction.

This implementation guideline identifies all required segments for 837P transactions. Failure to include a required segment results in a compliance error. A situational segment is not required for every type of transaction; however, a situational segment may be required under certain circumstances.

Segment Usage Table – 837 Professional

Segment ID	Loop ID	Segment Name	R – Required S - Situational
ST	N/A	Transaction Set Header	R
BHT	N/A	Beginning of Hierarchical Transaction	R
REF	N/A	Transmission Type Identifier	R
NM1	1000A	Submitter Name	R
PER	1000A	Submitter EDI Contact Information	R
NM1	1000B	Receiver Name	R
HL	2000A	Billing/Pay-To Hierarchical Level	R
NM1	2010AA	Billing Provider Name	R
N3	2010AA	Billing Provider Address	R
N4	2010AA	Billing Provider City/State/ZIP Code	R
REF	2010AA	Billing Provider Secondary Identification	S
HL	2000B	Subscriber Hierarchical Level	R
SBR	2000B	Subscriber Information	R
NM1	2010BA	Subscriber Name	R
N3	2010BA	Subscriber Address	R
N4	2010BA	Subscriber City/State/ZIP Code	R
DMG	2010BA	Subscriber Demographic Information	R
NM1	2010BB	Payer Name	R
CLM	2300	Claim Information	R
DTP	2300	Date – Admission	S
DTP	2300	Date – Discharge	S
AMT	2300	Patient Amount Paid	S
REF	2300	Medical Record Number	R

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Segment ID	Loop ID	Segment Name	R – Required S - Situational
HI	2300	Health Care Diagnosis	S
NM1	2310B	Rendering Provider Name	S
NM1	2310D	Service Facility Location	S
N3	2310D	Service Facility Location Address	R
N4	2310D	Service Facility Location City/State/ ZIP	R
SBR	2320	Other Subscriber Information	S
CAS	2320	Claim Level Adjustments	S
AMT	2320	Coordination of Benefits (COB) Payer Paid Amount	S
AMT	2320	Coordination of Benefits (COB) Allowed Amount	S
DMG	2320	Other Subscriber Demographic Information	S
OI	2320	Other Insurance Coverage Information	S
NM1	2330A	Other Subscriber Name	S
NM1	2330B	Other Payer Name	S
DTP	2330B	Claim Adjudication Date	S
LX	2400	Service Line Number	R
SV1	2400	Professional Service	R
DTP	2400	Date – Service Date	R
REF	2400	Line Item Control Number	R
NTE	2400	Line Note	S
NM1	2420A	Rendering Provider Name	S
PRV	2420A	Rendering Provider Specialty Information	S
NM1	2420C	Service Facility Location	S
N3	2420C	Service Facility Location Address	S
N4	2420C	Service Facility Location City/State/ ZIP	S
SVD	2430	Line Adjudication Information	S
CAS	2430	Line Adjustment	S
DTP	2430	Line Adjudication Date	S
SE	N/A	Transaction Set Trailer	R

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3.3 SEGMENT AND DATA ELEMENT DESCRIPTION

This section contains a tabular representation of any segment required or situational for ADP HIPAA implementation of the 837P.

Segment Name	Transaction Set Header		
Segment ID	ST		
Loop ID	N/A		
Segment Usage	Required		
Segment Notes	This segment begins the transaction. We recommend splitting the file into multiple ST-SE transactions with no more than 5000 Claim Information, 2300, CLM lines.		
Example	ST*837*0001~		
Element ID	Usage	Element Name	Valid Values	Comments
ST01	R	Transaction Set Identifier Code	837	Health Care Claim(REQUIRED)
ST02	R	Control Number		This number is assigned by the sender ST02 must match SE02

Segment Name	Beginning of Hierarchical Transaction		
Segment ID	BHT		
Loop ID	N/A		
Segment Usage	Required		
Segment Notes	This segment provides the bill date of the claim submitted.		
Example	BHT*0019*00*4144000001*20030416** CH~		
Element ID	Usage	Element Name	Valid Values	Comments
BHT01	R	Information Source	0019	
BHT02	R	Transaction Set Purpose Code	00	00 = original
BHT03	R	Originator Application Transaction Identifier		
BHT04	R	Transaction Set Creation Date		This date will not be used to determine the age of the claim. The date received by the state will be compared to the service dates on the service lines to determine claim age.
BHT05	S	Transaction Set Creation Time		
BHT06	R	Claim or Encounter Identifier	CH	"CH" only value for claiming Medi-Cal.

Segment Name	Transaction Type Identification		
Segment ID	REF		
Loop ID	N/A		
Segment Usage	Required		
Segment Notes	This segment identifies the X12N version for test and production.		
Example	REF*87*004010X098A1~		
Element ID	Usage	Element Name	Valid Values	Comments
REF01	R	Reference Identification Qualifier	87	Functional Category
REF02	R	Transmission Type Code	004010X098A1	Test value should be 004010X098DA1 (this test value is also indicated in ISA15)

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Segment Name		Submitter Name		
Segment ID		NM1		
Loop ID		1000A		
Segment Usage		Required		
Segment Notes		This will either be a county or clearinghouse.		
Example		NM1*41*2*ORANGE COUNTY HEALTH CARE AGENCY*****46*30~		
Element ID	Usage	Element Name	Valid Values	Comments
NM101	R	Entity Identifier Code	41	
NM102	R	Entity Type Qualifier	2	2 –Non person 1-person
NM103	R	Submitter Last Name or Organization Name	Example: XYZ COUNTY HEALTH CARE AGENCY	Assigned to trading partner.
NM104	N/A	Submitter First Name	Not Used	
NM105	N/A	Submitter Middle Name	Not Used	
NM106	N/A	Name Prefix	Not Used	
NM107	N/A	Name Suffix	Not Used	
NM108	R	Identification Code	46	Electronic Transmitter Identification Number (ETIN) established by trading partner agreement.
NM109	R	Submitter Identifier	County: County Code Direct Contract Provider: EIN Example: 30, 923456789	County: 2 digit County Code Direct Contract Provider: 9 digit EIN

Segment Name		Submitter EDI Contact Information		
Segment ID		PER		
Loop ID		1000A		
Segment Usage		Required		
Segment Notes		Use when submitter wants to provide contact numbers.		
Example		PER*IC*FERMIN*TE*1234567890*EM*abc@AAA.COM~		
Element ID	Usage	Element Name	Valid Values	Comments
PER01	R	IC – Information Contact	IC	
PER02	R	Submitter Contact Name		Can use "Billing Department"
PER03	R	Communication Number Qualifier	TE	ED-EDI Access Number EM-Email FX-FAX TE-Telephone EX-Phone extension (use only after PER03)
PER04	R	Submitters Communication Number		999.999.9999
PER05	S	Communication Number Qualifier	EM	
PER06	S	Communication Number		smitty@provider.org
PER07	S	Communication Number Qualifier	FX	
PER08	S	Communication Number		999.999.9998

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Segment Name	Receiver Name			
Segment ID	NM1			
Loop ID	1000B			
Segment Usage	Required			
Segment Notes	Receiver of this Transaction			
Example	NM1*40*2*ADP*****46* INFOTECHWEBSVCS			
Element ID	**Usage**	**Element Name**	**Valid Values**	**Comments**
NM101	R	Entity Identifier Code	40	40- Receiver
NM102	R	Entity Type Qualifier	2	(2=Non-person Entity)
NM103	R		ADP	Enter ADP
NM108	R	Identification Code Qualifier	46	46-ETIN
NM109	R	Receiver Identifier.	INFOTECHWEBSVCS	Use this value.

Segment Name	Billing/Pay-To Provider Hierarchical Level			
Segment ID	HL			
Loop ID	2000A			
Segment Usage	Required			
Segment Notes	Billing Pay-To Hierarchical Level			
Example	HL*1**20*1~			
Element ID	**Usage**	**Element Name**	**Valid Values**	**Comments**
HL01	R	Hierarchical ID Number	1	Must begin with the number 1 and increment by one each time an HL is used. Only numeric values are allowed in HL01.
HL03	R	Hierarchical Level Code	20	
HL04	R	Hierarchical Child Code	1	

Segment Name	Billing Provider (Entity) Name			
Segment ID	NM1			
Loop ID	2010AA			
Segment Usage	Required			
Segment Notes	This will either be a county or Direct Contract Provider. The NPI is reported in this segment, and the EIN/Tax ID must be reported in the REF segment.			
Example	NM1*85*2*YORK COUNTY HEALTH CARE AGY*****XX*1234567893			
Element ID	**Usage**	**Element Name**	**Valid Values**	**Comments**
NM101	R	Entity Identifier Code	85	
NM102	R	Entity Type Qualifier	1, 2	(2=non-person), (1=individual, i.e. sole proprietor)
NM103	R	Billing Provider Name.		This will be passed to the 835 if Loop 2010AB is not used.
NM104	S	Billing Provider First Name	Not Used	
NM105	S	Billing Provider Middle Name	Not Used	
NM107	S	Name Suffix	Not Used	
NM108	R	Identification Code Qualifier	XX	XX = NPI Store EIN or SSN in Billing Provider Secondary Information, 2010AA, REF02.
NM109	R	Billing Provider ID	1234567893	This must be a valid NPI

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Segment Name	Billing Provider (Street) Address		
Segment ID	N3		
Loop ID	2010AA		
Segment Usage	Required		
Segment Notes	Billing Provider Address		
Example	N3*66 HURLBUT STREET~		
Element ID	Usage	Element Name	Valid Values	Comments
N301	R	Billing Provider Street Address 1		
N302	S	Billing Provider Street Address 2		

Segment Name	Billing Provider City/State/Zip Code		
Segment ID	N4		
Loop ID	2010AA		
Segment Usage	Required		
Segment Notes	Billing Provider City/State/ZIP		
Example	N4*PASADENA*CA*91104~		
Element ID	Usage	Element Name	Valid Values	Comments
N401	R	City Name		
N402	R	State or Province Code		
N403	R	Postal Code		
N404	S		Not Used	

Segment Name	Billing Provider Secondary Identification		
Segment ID	REF		
Loop ID	2010AA		
Segment Usage	Required		
Segment Notes	The Tax ID/ EIN reported here will be sent back on the 835 in the 1000B N1 segment.		
Example	REF*EI*940000068~		
Element ID	Usage	Element Name	Valid Values	Comments
REF01	R	Reference Identification Qualifier	EI	Tax ID/ EIN
REF02	R	Employer Identification Number		

Segment Name	Subscriber Hierarchical Level		
Segment ID	HL		
Loop ID	2000B		
Segment Usage	Required		
Segment Notes	Subscriber Hierarchical Level		
Example	HL*2*1*22*1~		
Element ID	Usage	Element Name	Valid Values	Comments
HL01	R	Hierarchical ID Number	2	Increment by one for each HL segment in transaction.
HL02	R	Hierarchical Parent ID Number	1	Use the HL01 value of the Billing/Pay-to Provider in 2000A.
HL03	R	Hierarchical Level Code	22	22-Subscriber
HL04	R	Hierarchical Child Code	0	The subscriber is always the patient for ADP

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Segment Name	Subscriber Information			
Segment ID	SBR			
Loop ID	2000B			
Segment Usage	Required			
Segment Notes	Subscriber Information			
Example	SBR*P*18*******MC~			
Element ID	Usage	Element Name	Valid Values	Comments
SBR01	R	Payer Responsibility	P	COB - Do not use "S" or "T" unless COB information is included on the claim.
SBR02	R	Individual Relationship Code	18	
SBR03	S	Insured Group or Policy Number	Not Used	
SBR04	S	Group or Plan Name	Not Used	
SBR05	S	Insurance Type Code	Not Used	

Segment Name	Subscriber Name			
Segment ID	NM1			
Loop ID	2010BA			
Segment Usage	Required			
Segment Notes	This segment identifies the subscriber and must include the Subscriber Identification Number.			
Example	NM1*IL*1*DOE* JOHN****MI*196009244900334~			
Element ID	Usage	Element Name	Valid Values	Comments
NM101	R	Entity Identifier Code	IL	"Insured" or "Subscriber"
NM102	R	Entity Type Qualifier	1	Person
NM103	R	Subscriber Last Name		
NM104	S	Subscriber First Name		
NM105	N/A	Subscriber Middle Name		Can be MI or blank
NM107	S	Name Suffix	Not Used	
NM108	R	Identification Code Qualifier	MI	MI = Member Identification
NM109	R	Subscriber Identifier	Examples: 1330C986300 52A (13-30-C-98630052A 98630052A (CIN)	The same Beneficiary ID formats may be used under HIPAA as in the proprietary claim (see comments). The long-term objective format is the Client Index Number (CIN). Also, to comply with the Privacy Rule's minimum necessary disclosure of client identifiable information, it is recommended to not use the SSN.

Segment Name	Subscriber (Street) Address			
Segment ID	N3			
Loop ID	2010BA			
Segment Usage	Required			
Segment Notes	This is required due to situational guide notes, but not used in SD/MC.			
Example	N3*250 E WASHINGTON BLVD~			
Element ID	Usage	Element Name	Valid Values	Comments
N301	R	Subscriber Address Line 1		"HOMELESS" may be used if appropriate.
N302	S	Subscriber Address 2		In case of Homeless subscribers, this field can be omitted or be populated with the provider's address.

Segment Name	Subscriber City/State/Zip Code			
Segment ID	N4			
Loop ID	2010BA			
Segment Usage	Required			
Segment Notes	This is required due to situational guide notes, but not used in SD/MC.			
Example	N4*PASADENA*CA*91104~			
Element ID	Usage	Element Name	Valid Values	Comments
N401	R	City Name		If unknown or in case of Homeless subscribers, use the provider's city.
N402	R	State or Province Code	CA	
N403	R	Postal Code		If unknown or in case of Homeless subscribers, use the provider's postal code.

Segment Name	Subscriber Demographic Information			
Segment ID	DMG			
Loop ID	2010BA			
Segment Usage	Required			
Segment Notes	This segment identifies the Subscriber Demographic Information.			
Example	DMG*D8*19540506*M~			
Element ID	Usage	Element Name	Valid Values	Comments
DMG01	R	Date Format Qualifier	D8	Date expressed in format CCYYMMDD
DMG02	R	Subscriber Birth Date	CCYYMMDD	
DMG03	R	Subscriber Gender Identification		Valid Values: M – Male F – Female U - Unknown

Segment Name	Payer Name			
Segment ID	NM1			
Loop ID	2010BB			
Segment Usage	Required			
Segment Notes	This segment identifies the payer and must include the Payer Identification Number.			
Example	NM1*PR*2*ADP*****PI*951234567~			
Element ID	Usage	Element Name	Valid Values	Comments
NM101	R	Entity Identifier Code	PR	PR=Payer
NM102	R	Entity Type Qualifier	2	2=Non Person
NM103	R	Organization Name	ADP	Use "ADP" only.
NM108	R	Identification Code Qualifier	PI	PI= Payer Identification
NM109	R	Payer Primary ID	20, 25	Enter the Program Code here 20 - ADP, Non-Perinatal Services 25 - ADP, Perinatal Services

Segment Name	Claim Information			
Segment ID	CLM			
Loop ID	2300			
Segment Usage	Required			
Segment Notes	This loop should be subordinate to Loop 2000B for Drug Medi-Cal. We recommend splitting the file into multiple ST-SE transactions with no more than 5000 Claim Information, 2300, CLM lines.			
Example	CLM*1887*2361.58***55::1*Y*A*Y*Y*B**********1~			
Element ID	Usage	Element Name	Valid Values	Comments
CLM01	R	Patient Account Number		From 837P Guide "Patient account number" or claim number is echoed back on the 835 - recommend unique numbers for each individual claim. Used to match the claim with the payment information on the 835. CLM01 on 837 ties to CLP01 on the 835.
CLM02	R	Total Claim Amount		
CLM05	R	Place of Service Code		
CLM05-01	R	Facility Type Code		Used in SD/MC if service line POS not used. Check the Service Code Crosswalk for specific codes that may be necessary depending on the services rendered. Otherwise, any valid code may be used.
CLM05-03	R		1 Original	All claims are processed as originals.
CLM06	R	Provider Signature on File		Always use "Y" unless ADP instructions indicate otherwise. Need signature on file at county for authority to bill to SD/MC
CLM07	R	Medicare Assignment Code		In the absence of COB information (Loop2320), a value of "C" (Not Assigned) equals "H" (Non-Medicare certified provider) in SD/MC
CLM08	R	Assignment of Benefit Indicator	Y	Always use "Y" unless ADP instructions indicate otherwise.
CLM09	R	Release of Information Code		I = informed consent, Y = signature on file
CLM10	S	Patient Signature Source Code	P	As recommended by federal Office of Civil Rights
CLM20	S	Delay Reason Code	1	See Crosswalk. Only required if explanation for the late claim submission is needed.

Segment Name	Date – Admission			
Segment ID	DTP			
Loop ID	2300			
Segment Usage	Situational			
Segment Notes	ADP - Required for hospitals only			
Example	DTP*435*D8*20030915~			
Element ID	Usage	Element Name	Valid Values	Comments
DTP01	R	Date/Time Qualifier	435	Admission date
DTP02	R	Date/Time Format	D8	
DTP03	R	Date Time Period		CCYYMMDD

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Segment Name		Date – Discharge			
Segment ID		DTP			
Loop ID		2300			
Segment Usage		Situational			
Segment Notes		ADP - Required for hospitals only. Populate only on the last claim for the encounter			
Example		DTP*096*D8*20030915~			
Element ID	Usage	Element Name	Valid Values	Comments	
DTP01	R	Date/Time Qualifier	096		
DTP02	R	Date/Time Format	D8	CCYYMMDD	
DTP03	R	Date Time Period			

Segment Name		Patient Amount Paid		
Segment ID		AMT		
Loop ID		2300		
Segment Usage		Situational		
Segment Notes		This is required if the Patient has Paid any amount towards the claim		
Example		AMT*F5*152.45~		
Element ID	Usage	Element Name	Valid Values	Comments
AMT01	R	Amount Qualifier Code	F5	Medi-Cal share of cost (SOC)
AMT02	R	Patient Amount Paid		Medi-Cal share of cost (SOC). This will be placed on the 835 if provided.

Segment Name		Medical Record Number		
Segment ID		REF		
Loop ID		2300		
Segment Usage		Required		
Segment Notes		This segment Identifies the patient's Medical Record Number.		
Example		REF*EA*7251A001~		
Element ID	Usage	Element Name	Valid Values	Comments
REF01	R	Reference Identification Qualifier	EA	
REF02	R	Medical Record Number		Put County Patient Medical Record here. Chart # Match to CSI Used for audits

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Segment Name	Health Care Diagnosis Code			
Segment ID	HI			
Loop ID	2300			
Segment Usage	Situational			
Segment Notes	This is required on all claims. Do not send decimal points. The actual diagnosis pulled for a specific service will depend on the diagnosis pointer in SV107.			
Example	HI*BK:30030~			
Element ID	Usage	Element Name	Valid Values	Comments
HI01-1	R	Code List Qualifier Code	BK	Principal diagnosis by ICD-9 codes
HI01-2	R	Principal Diagnosis Code		Refer to Table F for a list of ICD-9 codes used by ADP
HI02-1	S	Code List Qualifier Code	BF	Diagnosis
HI02-2	S	Diagnosis Code		According to ICD-9 codes
HI03-1	S	Code List Qualifier Code	BF	Diagnosis
HI03-2	S	Diagnosis Code		According to ICD-9 codes
HI04-1	S	Code List Qualifier Code	BF	Diagnosis
HI04-2	S	Diagnosis Code		According to ICD-9 codes
HI05-1	S	Code List Qualifier Code	BF	Diagnosis
HI05-2	S	Diagnosis Code		According to ICD-9 codes
HI06-1	S	Code List Qualifier Code	BF	Diagnosis
HI06-2	S	Diagnosis Code		According to ICD-9 codes
HI07-1	R	Code List Qualifier Code	BF	Diagnosis
HI07-2	R	Diagnosis Code		According to ICD-9 codes
HI08-1	R	Code List Qualifier Code	BF	Diagnosis
HI08-2	R	Diagnosis Code		According to ICD-9 codes

Segment Name	Rendering Provider Name			
Segment ID	NM1			
Loop ID	2310B			
Segment Usage	Situational			
Segment Notes	This segment is required for counseling services billed with Procedure Codes H0004 and H0005. The counselor name and NPI should be reported here. This segment is optional for services billed for other procedure codes. If there are multiple counselors or individuals providing service, populate loop 2420A as appropriate.			
Example	NM1*82*1*FEELGOOD*PHIL****XX*1234567893~			
Element ID	Usage	Element Name	Valid Values	Comments
NM101	R	Entity Identifier Code	82	
NM102	R	Entity Type Qualifier	1 or 2	1= individual for procedure codes H0004 and H0005; 1 = individual or 2 = group for optional segment reporting
NM103	R	Counselor's last name		
NM104	S	Counselor's first name		
NM105	S		Not used in SD/MC	
NM107	S		Not Used	
NM108	R	Identification Code Qualifier	XX	XX = NPI
NM109	R	Rendering Provider ID		Must be a valid Type 1 or 2 NPI identifying the rendering provider.

Segment Name	Service Facility Location			
Segment ID	NM1			
Loop ID	2310D			
Segment Usage	Situational			
Segment Notes	The purpose of this loop is to identify specifically where the service was rendered, if rendered in a location different than that carried in the 2010AA (Billing Provider) loop. The provider identifier from this loop will be used in the Short-Doyle claim system, unless the loop is not used or there are multiple provider codes for the claim. Multiple provider codes should be reflected in loop 2420C as appropriate			
Example	NM1* FA*2*A-OK CLINIC*****XX*1234567893~			
Element ID	Usage	Element Name	Valid Values	Comments
NM101	R	Entity Identifier Code	FA	Other codes used 77 – Service Location FA – Facility
NM102	R	Entity Type Qualifier	2	
NM103	S	Organization Name	A-OK CLINIC	Required except when service was rendered in the patient's home.
NM108	S	Identification Code Qualifier	XX	XX = NPI
NM109	R	Laboratory or Facility Primary Identifier		Must be a valid NPI identifying the service facility location.

Segment Name	Service Facility Location (Street) Address			
Segment ID	N3			
Loop ID	2310D			
Segment Usage	Required			
Segment Notes	Service Facility Location Address			
Example	N3*123 MAIN STREET~			
Element ID	Usage	Element Name	Valid Values	Comments
N301	R	Facility Address 1		
N302	S	Facility Address 2		

Segment Name	Service Facility Location City/State/Zip Code			
Segment ID	N4			
Loop ID	2310D			
Segment Usage	Required			
Segment Notes	Service Facility Location City/State/ZIP			
Example	N4*PASADENA*CA*91104~			
Element ID	Usage	Element Name	Valid Values	Comments
N401	R	City Name		
N402	R	State or Province Code		
N403	R	Postal Code		
N404	S		Not Used	

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Segment Name	Other Subscriber Information			
Segment ID	SBR			
Loop ID	2320			
Segment Usage	Required			
Segment Notes	Only use for COB situations, including indication of Medicare or Other Health Coverage denial.			
Example	SBR*P*18***MB****MB~			
Element ID	**Usage**	**Element Name**	**Valid Values**	**Comments**
SBR01	R	Payer Responsibility Sequence Number Code	P	P-Primary
SBR02	R	Individual Relationship Code	18	
SBR03	S			Not used
SBR04	S			Not used
SBR05	R	Insurance Type Code	MB	Medicare Part B
SBR09	N/A	Claim Filing Indicator Code	MB	Medicare Part B

Segment Name	Claim Level Adjustments			
Segment ID	CAS			
Loop ID	2320			
Segment Usage	Situational			
Segment Notes	Used to report prior payer's claim level adjustments.			
Example	CAS*PR*1*15.06~			
Element ID	**Usage**	**Element Name**	**Valid Values**	**Comments**
CAS01	R	Claim Adjustment Group Code		CO - Contractual Obligations CR - Correction and Reversals OA - Other adjustments PI - Payor Initiated Reductions PR - Patient Responsibility
CAS02	*R*	*Adjustment Reason Code*		
CAS03	*R*	*Monetary Amount*		
CAS04	*S*	*Adjustment Quantity*		
CAS05	S	Adjustment Reason Code		
CAS06	S	Monetary Amount		
CAS07	S	Adjustment Quantity		
CAS08	*S*	*Adjustment Reason Code*		
CAS09	*S*	*Monetary Amount*		
CAS10	*S*	*Adjustment Quantity*		
CAS11	S	Adjustment Reason Code		
CAS12	S	Monetary Amount		
CAS13	S	Adjustment Quantity		
CAS14	*S*	*Adjustment Reason Code*		
CAS15	*S*	*Monetary Amount*		
CAS16	*S*	*Adjustment Quantity*		
CAS17	S	Adjustment Reason Code		
CAS18	S	Monetary Amount		
CAS19	S	Adjustment Quantity		

Segment Name	Coordination of Benefits (COB) Payer Paid Amount			
Segment ID	AMT			
Loop ID	2320			
Segment Usage	Situational			
Segment Notes	Required if claim has been adjudicated by the payer identified in this loop. It is acceptable to show "0" amount paid.			
Example	AMT*D*152.45~			
Element ID	Usage	Element Name	Valid Values	Comments
AMT01	R	Amount Qualifier Code	D	
AMT02	R	COB Payer Paid Amount		Submitters - Crosswalk from CLP04 in 835 when doing COB. This will only be used if line level COB payment information is not available. This segment is required to pass HIPAA validation if doing COB. For non-covered services use zero (0) to satisfy the requirements.

Segment Name	COB Allowed Amount			
Segment ID	AMT			
Loop ID	2320			
Segment Usage	Situational			
Segment Notes	Only used to identify situations where a Medicare recipient is receiving services from a Medicare provider that are denied or not covered by Medicare.			
Example	AMT*B6*152.45~			
Element ID	Usage	Element Name	Valid Values	Comments
AMT01	R	Amount Qualifier Code	B6	B6=Allowed actual
AMT02	R	Allowed Amount		If the value is equivalent to zero, and Medicare is indicated in the COB data, this equals "N" Crossover Indicator value in SD/MC.

Segment Name	Other Subscriber Information			
Segment ID	DMG			
Loop ID	2320			
Segment Usage	Situational			
Segment Notes	This segment identifies the Subscriber Demographic Information and is required when the 837 contains a 2330A Other Subscriber Name.			
Example	DMG*D8*19540506*M~			
Element ID	Usage	Element Name	Valid Values	Comments
DMG01	R	Date Time Period Format Qualifier	D8	
DMG02	R	Other Insured Birth Date	CCYYMMDD	
DMG03	R	Other Insured Gender Code	M – Male F – Female U – Unknown	

Segment Name		Other Insurance Coverage Information		
Segment ID		OI		
Loop ID		2320		
Segment Usage		Situational		
Segment Notes		This information applies only to the Payer of the Claim.		
Example		OI***Y*B**Y~		
Element ID	Usage	Element Name	Valid Values	Comments
OI03	R	Yes/No Condition or Response		Valid Values: Y – Yes N - No
OI04	R	Patient Signature Source Code	B	
OI06	R	Release of Information Code	Y	

Segment Name		Other Subscriber Name		
Segment ID		NM1		
Loop ID		2330A		
Segment Usage		Situational		
Segment Notes		This segment identifies Other Subscriber Information in the Claim.		
Example		NM1* IL*1*DOE*JOHN****MI*19609244900334~		
Element ID	Usage	Element Name	Valid Values	Comments
NM101	R	Entity Identifier Code	IL	Insured or Subscriber
NM102	R	Entity Type Qualifier	1	Person
NM103	R	Subscriber Last Name or Organization Name	DOE	
NM104	S	Subscriber First Name	JOHN	Not used
NM105	S	Submitter Middle Name	Not Used	Not Used
NM107	S	Name Suffix	Not Used	Not Used
NM108	R	Identification Code Qualifier	MI	Member ID Number
NM109	R	Other Insured Identifier	19609244900334	

Segment Name		Other Payer Name		
Segment ID		NM1		
Loop ID		2330B		
Segment Usage		Situational		
Segment Notes		This segment identifies the other payer information in the claim if Other Subscriber, 2320 is used.		
Example		NM1* PR*2*MEDI-CAL*****PI*951234567~		
Element ID	Usage	Element Name	Valid Values	Comments
NM101	R	Entity Identifier Code	PR	Payer
NM102	R	Entity Type Qualifier	2	Non-Person Entity
NM103	R	Organization Name	MEDI-CAL	
NM108	R	Identification Code Qualifier	PI	Payer Identification
NM109	R	Payer Identifier	951234567	

Segment Name	Date – Claim Adjudication		
Segment ID	DTP		
Loop ID	2330B		
Segment Usage	Situational		
Segment Notes	This segment is used to specify a time period.		
Example	DTP*573*D8*20030314~		
Element ID	Usage	Element Name	Valid Values	Comments
DTP01	R	Date/Time Qualifier	573	Date Claim Paid
DTP02	R	Date Time Period Format Qualifier.	D8	
DTP03	R	Date/Time Period		CCYYMMDD

Segment Name	Service Line		
Segment ID	LX		
Loop ID	2400		
Segment Usage	Required		
Segment Notes	This segment identifies Service Lines in a Claim.		
Example	LX*1~		
Element ID	Usage	Element Name	Valid Values	Comments
LX01	R	Line Counter	1	Start with 1 and increment by 1 for each service line on the claim.

Segment Name	Professional Service		
Segment ID	SV1		
Loop ID	2400		
Segment Usage	Required		
Segment Notes	This segment specifies claim service detail. See Service Code Crosswalk for valid values.		
Example	SV1*HC:H0019*2361.58*UN*31*55**1~		
Element ID	Usage	Element Name	Valid Values	Comments
SV101-01	R	Product/Service ID Qualifier	HC	HC only code used. Other valid values are not used in SD/MC.
SV101-02	S	Procedure Code		See Service Code Crosswalk
SV101-03	S	Procedure Modifier 1		Duplicate Payment Override may be indicated here.
SV101-04	S	Procedure Modifier 2		See above.
SV101-05	S	Procedure Modifier 3		See above.
SV101-06	S	Procedure Modifier 4		See above.
SV102	R	Line Item Charge Amount		Values exceeding six places to the left of the decimal cannot be processed correctly by SD/MC.
SV103	R	Unit or Basis for Measurement		UN=Unit See Service Code Crosswalk
SV104	R	Service Unit Count		See Crosswalk. If the value is reduced during adjudication, this value will be passed to SVC07 on the 835.
SV105	S	Place of Service Code		Only required if the Place of Service differs from the value provided in CLM05-1. Check the Service Code Crosswalk for specific codes that may be necessary depending on the services rendered. Otherwise, any valid code may be used.
SV107-01	S	Diagnosis Code Pointer		This value determines which diagnosis code provided in Loop 2300 will be used for processing. If only one diagnosis is submitted, this value should be "1"
SV108	N/A	Monetary Amount		Not Used
SV109	S	Emergency Indicator		Not used in SD/MC

Segment Name	Date – Service Date			
Segment ID	DTP			
Loop ID	2400			
Segment Usage	Required			
Segment Notes	This segment is used to specify a time period. The Service Month and Year for all the service lines must be the same. The transaction set is rejected if there are claims/services from more than one service period.			
Example	DTP*472*D8*20030314~			
Element ID	Usage	Element Name	Valid Values	Comments
DTP01	R	Date/Time Qualifier	472	Service for a single start date
DTP02	R	Date Period Format Qualifier	D8 or RD8	D8 is a single service. RD8 is date range for treatment drug supply duration
DTP03	R	Date/Time Period	With D8: 20030314; with RD8: 20030314-20030322	D8=CCYYMMDD RD8=CCYYMMDD-CCYYMMDD

Segment Name	Line Item Control Number			
Segment ID	REF			
Loop ID	2400			
Segment Usage	Required			
Segment Notes	This Segment is the Provider Control Number and should be unique with a CLM01.			
Example	REF*6R*31063~			
Element ID	Usage	Element Name	Valid Values	Comments
REF01	R	Reference Identification Number	6R	Provider control number
REF02	R	Reference Identification		Unique claim ID across all service lines. Maximum length of 23 characters due to SD/MC limitations. All 30 characters will be passed through to 835. The first five characters should be an increasing serial number for each provider. See the section on Unique Claim ID requirements. For translation to proprietary SD/MC claim and EOB: Characters 1 through 5 map to the SD/MC Claim Serial Number Characters 6 through 20 mapped to the SD/MC County Use 1. Characters 21 through 23 mapped to the SD/MC County Use 2.

Segment Name	Line Note			
Segment ID	NTE			
Loop ID	2400			
Segment Usage	Situational			
Segment Notes	For use with ADP codes for LAAM and Naltrexone only.			
Example	NTE*ADD*1			
Element ID	Usage	Element Name	Valid Values	Comments
NTE01	R	Note Reference Code	ADD	
NTE02	R	Description	1 = LAAM, 2 = Naltrexone	Used only with the Procedure Code H0047

Segment Name		Rendering Provider Name		
Segment ID		NM1		
Loop ID		2420A		
Segment Usage		Situational		
Segment Notes		Use this loop if there are multiple counselors or other professionals rendering service.		
Example		NM1* 82*1*SMITH*JUNE*L***XX*1234567893~		
Element ID	Usage	Element Name	Valid Values	Comments
NM101	R	Entity Identifier Code	82	Rendering provider
NM102	R	Entity Type Qualifier	1	Person
NM103	R	Rendering Provider Last Name		
NM104	S	Rendering Provider First Name		.
NM105	S	Rendering Provider Middle Name		
NM107	S	Rendering Provider Name Suffix		
NM108	R	Identification Code Qualifier	XX	XX = NPI
NM109	R	Rendering Provider Primary Identifier	1234567893	Valid NPI only.

Segment Name		Service Facility Location		
Segment ID		NM1		
Loop ID		2420C		
Segment Usage		Situational		
Segment Notes		Required when the location of health care services for this service line is different than carried in the 210AA (Billing Provider) or 2310D (Service Facility Location) loops. If this loop is populated, the provider identifier from this loop will be used in the Short-Doyle claim system.		
Example		NM1* TL*2*A-OK MOBILE CLINIC*****XX*1234567893~		
Element ID	Usage	Element Name	Valid Values	Comments
NM101	R	Entity Identifier Code	TL	Testing Lab
NM102	R	Entity Type Qualifier	2	Non-person
NM103	R	Organization Name		
NM104	N/A		Not used	
NM105	N/A		Not used	
NM106	N/A		Not Used	
NM107	N/A		Not Used	
NM108	R	Identification Code Qualifier	XX	XX = NPI
NM109	R	Service Facility Location ID Number	1234567890	Valid NPI only.

Segment Name		Service Facility Location (Street) Address		
Segment ID		N3		
Loop ID		2420C		
Segment Usage		Required		
Segment Notes		This is not used in SD/MC, but is still a required part of Loop 2420C.		
Example		N3*66 HURLBUT STREET~		
Element ID	Usage	Element Name	Valid Values	Comments
N301	R	Service Facility Location Address 1		
N302	S	Service Facility Location Address 2		

Segment Name	Service Facility Location City/State/ ZIP			
Segment ID	N4			
Loop ID	2420C			
Segment Usage	Required			
Segment Notes	This is not used in SD/MC, but is still a required part of Loop 2420C.			
Example	N4*PASADENA*CA*91104~			
Element ID	Usage	Element Name	Valid Values	Comments
N401	R	Service Facility Location City		
N402	R	Service Facility Location State		
N403	R	Service Facility Location ZIP		

Segment Name	Line Adjudication Information			
Segment ID	SVD			
Loop ID	2430			
Segment Usage	Situational			
Segment Notes	This is the primary value that will be used for Medicare/Other Health Coverage amount if available. It shows unbundled lines and conveys service line adjudication for coordination of benefits.			
Example	SVD*43*55*HC: 90829**3~			
Element ID	Usage	Element Name	Valid Values	Comments
SVD01	R	Identification Code	43	This number should match NM109 in loop 2330B, other payer.
SVD02	R	Service Line Paid Amount	55	Monetary amount
SVD03	R	Procedure Code		
SVD03-1	R	Product or Service ID Qualifier	HC	HCPCS Codes
SVD03-2	R	Procedure Code	90829	
SVD03-3	S	Procedure Modifier 1		
SVD03-4	S	Procedure Modifier 2		
SVD03-5	S	Procedure Modifier 3		
SVD03-6	S	Procedure Modifier 4		
SVD03-7	S	Procedure Code Description		
SVD04	N/A		Not Used	
SVD05	S	Paid Units of Service	Paid Units of Service	
SVD06	S	Bundled Line Number	Bundled Line Number	Use LX assigned number

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Segment Name		Line Adjustment		
Segment ID		CAS		
Loop ID		2430		
Segment Usage		Situational		
Segment Notes		Required if the payer identified in Loop 2330B made line level adjustments which caused the amount paid to differ from the amount originally charged. PR(Patient Responsibility)		
Example		CAS* PR*2*5.25		
Element ID	**Usage**	**Element Name**	**Valid Values**	**Comments**
CAS01	R	Adjustment Group Code	PR	Patient Responsibility
CAS02	R	Claim Adjustment Reason Code		
CAS03	R	Monetary Amount		
CAS04	S	Quantity		
CAS05	*S*	*Claim Adjustment Reason Code*		
CAS06	*S*	*Monetary Amount*		
CAS07	*S*	*Quantity*		
CAS08	S	Claim Adjustment Reason Code		
CAS09	S	Monetary Amount		
CAS10	S	Quantity		
CAS11	*S*	*Claim Adjustment Reason Code*		
CAS12	*S*	*Monetary Amount*		
CAS13	*S*	*Quantity*		
CAS14	S	Claim Adjustment Reason Code		
CAS15	S	Monetary Amount		
CAS16	S	Quantity		
CAS17	*S*	*Claim Adjustment Reason Code*		
CAS18	*S*	*Monetary Amount*		
CAS19	*S*	*Quantity*		

Segment Name		Line Adjudication Date		
Segment ID		DTP		
Loop ID		2430		
Segment Usage		Situational		
Segment Notes				
Example		DTP*573*D8*20030314~		
Element ID	**Usage**	**Element Name**	**Valid Values**	**Comments**
DTP01	R	Date Time Qualifier	573	Date claim paid
DTP02	R	Date Time Period Format Qualifier	D8	
DTP03	R	Adjudication or Payment Date		CCYYMMDD

Segment Name		Transaction Set Trailer		
Segment ID		SE		
Loop ID		N/A		
Segment Usage		Required		
Segment Notes		Transaction Set Trailer Counts		
Example		SE*34*0001~		
Element ID	**Usage**	**Element Name**	**Valid Values**	**Comments**
SEO1	R	Number of Included Segments		
SE02	R	Transaction Set Control Number		Must match ST02 of this transaction

3.4 EXAMPLE OF AN 837 P TRANSACTION

Interchange Control Header (L_ISA)
1 ISA*00* *00* *ZZ*C49000000000000*ZZ*INFOTECHWEBSVCS*041101*1457*U*00401*000000003*0*P*:~
Functional Group Header (L_GS)
2 GS*HC*C49000000000000*INFOTECHWEBSVCS*20041101*20244951*0*X*004010X098A1~
Transaction Set Header (837P)
3 ST*837*0001~
4 BHT*0019*00*SAMPLEDATA*20041101*20244951*CH~
5 REF*87*004010X098A1~
Submitter Name (1000A)
6 NM1*41*2*Sonoma County ADP*****46*37~
7 PER*IC*County Analyst*TE*1231231234~
Receiver Name (1000B)
8 NM1*40*2*ADP*****46*INFOTECHWEBSVCS~
Billing/Pay-to Provider Hierarchical Level (2000A)
9 HL*1**20*1~
Billing Provider Name (2010AA)
10 NM1*85*2*Redwood Empire Addictions Program*****XX*1700090834~
11 N3*2403 Professional Dr~
12 N4*Santa Rosa*CA*95405~ REF*EI*956000927~
13
Subscriber Hierarchical Level (2000B)
14 HL*2*1*22*0~
15 SBR*P*18*******MC~
Subscriber Name (2010BA)
16 NM1*IL*1*Sam*Somebody*R***MI*123456789~
17 N3*234 Elm St~
18 N4*Santa Rosa*CA*95401~
19 DMG*D8*19750110*M~
Payer Name (2010BB)
20 NM1*PR*2*ADP*****PI*20~
21 N3*1600 9th St*Room 151~
22 N4*Sacramento*CA*95814~
Claim Information (2300)
23 CLM*A1000001*44.66***57::1*Y*C*Y*Y*P~
24 DTP*435*D8*20041003~
25 REF*EA*123456789012~
26 HI*BK:30570~
Service Line (2400)
27 LX*1~
28 SV1*HC:H0047:HG*22.33*UN*1***1~
29 DTP*472*D8*20041003-20041004~

837P

30 REF*6R*00001~

31 NTE*ADD*1

Service Line (2400)

32 LX*2~

33 SV1*HC:H0047:HG *22.33*UN*1***1~

34 DTP*472*D8*20041005~

35 REF*6R*00002~

36 NTE*ADD*1

Subscriber Hierarchical Level (2000B)

37 HL*3*1*22*0~

38 SBR*P*18*******MC~

Subscriber Name (2010BA)

39 NM1*IL*1*Joe*Person*K***MI*123456789~

40 N3*654 Elm St~

41 N4*San Diego*CA*92107~

Payer Name (2010BB)

42 NM1*PR*2*ADP*****PI*20~

43 N3*1600 9th St*Room 151~

44 N4*Sacramento*CA*95814~

Claim Information (2400)

45 CLM*A1000002*76.88***57::1*Y*C*Y*Y*P~

46 REF*EA*123456789012~

47 HI*BK:30400~

Service Line(2400)

48 LX*1~

49 SV1*HC:H0015:HA*76.88*UN*4***1~

50 DTP*472*D8*20041020~

51 REF*6R*00003~

Billing/Pay-to Provider Hierarchical Level (2000A)

52 HL*4**20*1~

Billing Provider Name (2010AA)

53 NM1*85*2* Perinatal Day Treatment Center *****24*123456789~

54 N3* 2403 Professional Drive ~

55 N4*Santa Rosa*CA*95403~

56 REF*1D*4908~

Subscriber Hierarchical Level (2000B)

57 HL*5*4*22*0~

Subscriber Name (2010BA)

58 NM1*IL*1*Jane*Doe****MI*123456789~

59 N3*345 W 9th St~

60 N4*Santa Rosa*CA*95401~

Payer Name (2010BB)

61 NM1*PR*2*ADP*****PI*25~

62 N3*1600 9th St*Room 151~

63 N4*Sacramento*CA*95814~

Claim Information (2400)

64 CLM*A1000003*75.99***57::1*Y*C*Y*Y*P~

65 REF*EA*123456789012~

66 HI*BK:30390~

Service Line(2400)

837P
67 LX*1~
68 SV1*HC:H0015:HD:HA*75.99*UN*1***1~
69 DTP*472*D8*20041011~
70 REF*6R*00001~

Transaction Set Trailer (837P)

71 SE*69*0001~

Functional Group Trailer (L_GS)

72 GE*1*0~

Interchange Control Trailer (L_ISA)

73 IEA*1*000000003~

4.0   835 CONTROL SEGMENTS / ENVELOPE STRUCTURE

4.1   OVERVIEW

Appendix A, Section A.1.1 of each X12N HIPAA IGs provides details about the rules for ensuring integrity and maintaining the efficiency of data exchange. Data files are transmitted in an electronic envelope. The communication envelope consists of an interchange envelope and functional groups. The interchange control structure is used for inbound and outbound files. An inbound interchange control structure is the envelope that wraps all transaction data (ST-SE) sent to ADP for processing; examples include 837P and 997 transactions. An outbound interchange control structure wraps transactions that are created by ADP and returned to the requesting provider. Examples of outbound transactions include 835 and 997 transactions. The following tables define the use of this control structure as it relates to communication with ADP.

4.2   SEGMENT AND DATA ELEMENT DESCRIPTION

Each segment table contains rows and columns describing different segment elements. Those components are as follows:

- Segment Name – The industry assigned segment name as identified in the IGs

- Segment ID – The industry assigned segment ID as identified in the IGs

- Loop ID – The loop within which the segment should appear

- Segment Usage – Identifies the segment as required or situational

- Segment Notes – A brief description of the purpose or use of the segment

- Example – An example of a complete segment

- Element ID – The industry assigned data element ID as identified in the IGs

- Usage – Identifies the data element as R-required, S-situational, or N/A-not used based on ADP guidelines

- Valid Values – If any value exists then that value only is expected. If this is blank then it is TP discretion to use appropriate value.

- Guide Description/Valid Values – Industry name associated with the data element. If no industry name exists, this is the IGs data element name. This column also lists in BOLD the values and/or code sets to be used.

- Comments – Description of the contents of the data elements including field lengths.

4.3 ISA SEGMENTS

This section describes ADP's use of the ISA interchange control segment. It includes a description of expected sender and receiver codes and delimiters. Use uppercase letters in this segment.

Segment Name		Interchange Control Header		
Segment ID		ISA		
Loop ID		N/A		
Segment Usage		Required		
Segment Notes		All positions within each data element in the ISA segment must be filled. Delimiters are specified in the Interchange Header Segment. The values are as follows: * Asterisk Data Element Separator : Colon Sub element Separator ~ Tilde Segment Terminator		
Example		ISA*00* *00* *ZZ*INFOTECHWEBSVCS*ZZ*C19000000000000*030930*1256*U*00401*000000636*0*P*:~		

Element ID	Usage	Element Name	Valid Values	Comments
ISA01	R	Authorization Information Qualifier	00	No meaningful information in ISA02.
ISA02	R	Authorization Information	10 Blanks	Fixed length
ISA03	R	Security Information Qualifier	00	No meaningful information in ISA04.
ISA04	R	Security Information:	10 Blanks	Fixed length
ISA05	R	Interchange ID Qualifier	ZZ	Mutually defined
ISA06	R	Interchange Sender ID	INFOTECHWEBSVCS	
ISA07	R	Interchange ID Qualifier	ZZ	Mutually defined
ISA08	R	Interchange Receiver ID	**Examples:** C59000000000000, E92345678900000	**For County:** **C + County Code + 12 Zeroes,** **For Direct Contract Providers:** **E + EIN + 5 Zeroes**
ISA09	R	Interchange Date		The date format is YYMMDD The date on which 835 is created
ISA10	R	Interchange Time		The time format is HHMM The time at which 835 is created
ISA11	R	Interchange Control Standards Identifier	U	US EDI Community of ASCx12, TDCS and UCS
ISA12	R	Interchange Control Version Number	00401	
ISA13	R	Interchange Control Number		Running serial number for each trading partner, equals IAE02.
ISA14	R	Acknowledgment Requested	0	If value were 1 = Interchange Acknowledgment (TA1); Not currently supported 0 – No Interchange Acknowledgment Requested
ISA15	R	Usage Indicator		T for Test P for Production
ISA16	R	Component Element Separator	:	The component element separator is a delimiter and not a data element. It is used with composite data elements such as CLM05.

4.4 GS SEGMENTS

This section describes the ADP use of the GS functional group control segment and the expected sender and receiver codes as defined in the Trading Partner Agreement. There will always be a single GS-GE segment in one ISA-IEA segment. Use uppercase letters in this segment.

Segment Name	Functional Group Header		
Segment ID	GS		
Loop ID	N/A		
Segment Usage	Required		
Segment Notes	The functional group header used for the 837P is HC.		
Example	GS*HP*INFOTECHWEBSVCS*C19000000000000*20030930*1256*614*X*004010X091A1~		
Element ID	Usage	Element Name	Valid Values	Comments
GS01	R	Functional Identifier Code	HP	Health Care Payment Advice
GS02	R	Application Sender's Code	INFOTECHWEBSVCS	
GS03	R	Application Receiver's Code	Examples: C59000000000000, E12345678900000	For County: C + County Code + 12 Zeroes, For Direct Contract Providers: E + EIN + 5 Zeroes
GS04	R	Date		CCYYMMDD
GS05	R	Time		HHMMSS
GS06	R	Group Control Number		Matches GE02
GS07	R	Responsible Agency Code	X	
GS08	R	Version/Release	004010X091A1	

4.5 GE SEGMENTS

This section describes the ADP use of the GE functional group control segment and the expected sender and receiver codes as defined in the Trading Partner Agreement. There will always be a single GS-GE segment in one ISA-IEA segment. Use uppercase letters in this segment.

Segment Name	Functional Group Trailer		
Segment ID	GE		
Loop ID	N/A		
Segment Usage	Required		
Segment Notes	None		
Example	GE*5*399876323~		
Element ID	Usage	Element Name	Valid Values	Comments
GE01	R	Number of Transaction Sets Included		
GE02	R	Group Control Number		Same as GS06

4.6 IEA SEGMENTS

This section describes ADP's use of the IEA interchange control segment. It includes a description of expected sender and receiver codes and delimiters. Use uppercase letters in this segment.

Segment Name	Interchange Control Trailer			
Segment ID	IEA			
Loop ID	N/A			
Segment Usage	Required			
Segment Notes	None			
Example	IEA*1*000000636~			
Element ID	Usage	Element Name	Valid Values	Comments
IEA01	R	Number of included functional groups	1	Number of functional groups included in this interchange envelope
IEA02	R	Interchange Control Number		Same as ISA13

4.7 SAMPLE INTERCHANGE CONTROL

**ISA*00*   *00*   *ZZ*INFOTECHWEBSVCS*ZZ*C19000000000000*030930*1256*U*00401*000
000636*0*P*:~**
GS*HP*INFOTECHWEBSVCS*C19000000000000*20030930*1256*614*X*004010X091A1~
        ST – 835 TRANSACTION SET HEADER
        DETAIL SEGMENTS
        SE – 835 TRANSACTION SET TRAILER
        ST – 835 TRANSACTION SET HEADER
        DETAIL SEGMENTS
        SE – 835 TRANSACTION SET TRAILER
GE*1*614~
IEA*1*000000636~

5.0 835 – HEALTH CARE CLAIM PAYMENT / ADVICE

5.1 DESCRIPTION OF THE LAYOUT OF THE DATA

The ASC X12N 835 (04010X091A1) transaction is the HIPAA mandated instrument by which claim payment/advice information is provided from ADP in response to submitted health care claims.

This document is intended only as a Companion Guide and is not intended to contradict or replace any information in the IGs or ADP regulations, Letters, and Notices. It is highly recommended that implementers (Counties and Direct Contract Providers) have the following resources available during the development process:

- ADP 837P & 835 Companion Guide (This Document)
- Health Care Claim Implementation Guide (ASC X12N 835 -004010X091)
- Health Care Claim Payment/Advice 835 Implementation Guide Addenda (ASC X12N 835 -004010X091A1)

5.2 SEGMENT USAGE

The following matrix lists only those segments used by ADP in creating the 4010A1 version of the 835 HIPAA Transactions. This implementation guideline identifies all required segments for 835 Transactions. A situational segment is not required for every type of transaction; however, a situational segment may be required under certain circumstances.

Segment Usage Table – 835

Segment ID	Loop ID	Segment Name	R – Required S - Situational
ST	N/A	Transaction Set Header	**R**
BPR	N/A	Financial Information	**R**
TRN	N/A	Reassociation Trace Number	**R**
REF	N/A	Receiver Identification	**R**
DTM	N/A	Production Date	**R**
N1	1000A	Payer Identification	**R**
N3	1000A	Payer Address	**R**
N4	1000A	Payer City, State, Zip Code	**R**
N1	1000B	Payee Identification	**R**
REF	1000B	Payee Additional Identification	**S**
LX	2000	Header Number	**R**
CLP	2100	Claim Payment Information	**R**
NM1	2100	Patient Name	**R**
NM1	2100	Corrected Patient Insured Name	**R**

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Segment ID	Loop ID	Segment Name	R – Required S - Situational
NM1	2100	Service Provider Name	R
NM1	2100	Corrected Priority Payer Name	R
REF	2100	Other Claim Related Information	R
REF	2100	Other Claim Related Information	R
REF	2100	Other Claim Related Information	R
DTM	2100	Claim Date	R
AMT	2100	Claim Supplemental Information	S
SVC	2110	Service Payment Information	R
DTM	2110	Service Date	R
CAS	2110	Service Adjustment	S
REF	2110	Service Identification	R
REF	2110	Rendering Provider Information	S
AMT	2110	Service Supplemental Amount	S
LQ	2110	Health Care Remark Codes	S
PLB	N/A	Provider Adjustment	S
SE	N/A	Transaction Set Trailer	R

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5.3 SEGMENT AND DATA ELEMENT DESCRIPTION

This section contains a tabular representation of any segment required or situational for the ADP HIPAA implementation of the 835.

Segment Name	Transaction Set Header			
Segment ID	ST			
Loop ID	N/A			
Segment Usage	Required			
Segment Notes	This segment begins the transaction.			
Example	ST*835*0196~			
Element ID	**Usage**	**Element Name**	**Valid Values**	**Comments**
ST01	R	Transaction Set Identifier Code	835	
ST02	R	Transaction Set Control Number	0001	

Segment Name	Financial Information			
Segment ID	BPR			
Loop ID	N/A			
Segment Usage	Required			
Segment Notes	This segment is used to address a single payment to a single payee; Remittance information is included.			
Example	BPR*I*100000.00*C*CHK***********20031001~			
Element ID	**Usage**	**Element Name**	**Valid Values**	**Comments**
BPR01	R	Transaction Handling Code	H or I	H means the claim is denied and no payment information is included. I means the claims is approved and the check is in the mail. The payment is moving separate from the remittance detail.
BPR02	R	Monetary Amount		The total payment amount for this 835 is reflected here.
BPR03	R	Credit / Debit Flag Code	C	
BPR04	R	Payment Method Code	CHK or NON	If BPR01 is H, this value will be NON indicating no financial information is available. The 835 is for information only and no payment will be made.

If BPR01 is I, this value will be CHK. The check has been sent by the State Controller's Office. |
| BPR16 | R | Date | CCYYMMDD | Eithercheck issuance date or date of 835 creation. |

Segment Name	Reassociation Trace Number			
Segment ID	TRN			
Loop ID	N/A			
Segment Usage	Required			
Segment Notes	This segment uniquely identifies a transaction to an application			
Example	TRN*1*192003061003*1482003030*ADP~			
Element ID	**Usage**	**Element Name**	**Valid Values**	**Comments**
TRN01	R	Trace Type Code	1	
TRN02	R	Check or EFT Trace Number		The warrant number on which payment has been issued will be identified here.
TRN03	R	Payer Identifier	1482003030	ADP's Federal TIN, preceded by "1"; if BPR10 is used, they must match
TRN04	R	Reference Identification	ADP	Used to identify the appropriate State Department (ADP).

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Segment Name	Receiver Identification Qualifier			
Segment ID	REF			
Loop ID	N/A			
Segment Usage	Required			
Segment Notes	This segment identifies the Medical Sender ID.			
Example	REF*EV*19609244900334~			
Element ID	Usage	Element Name	Valid Values	Comments
REF01	R	Date Time Qualifier	EV	Receiver identification number.
REF02	R	Reference Identification		Medical Sender ID from NM109 in the 837 Transaction

Segment Name	Production Date			
Segment ID	DTM			
Loop ID	N/A			
Segment Usage	Required			
Segment Notes	This segment provides claim date information.			
Example	DTM*405*20030820~			
Element ID	Usage	Element Name	Valid Values	Comments
DTMO1	R	Reference Identification Number	405	End date for the adjudication production cycle for claims included in this 835.
DTM02	R	Date	CCYYMMDD	This is the date SD/MC processed the claims on this 835.

Segment Name	Payer Identification			
Segment ID	N1			
Loop ID	N/A			
Segment Usage	Required			
Segment Notes	This segment identifies a Party by type of organization, name, and code			
Example	N1*PR*01~			
Element ID	Usage	Element Name	Valid Values	Comments
N101	R	Entity Identifier Code	PR	Payer
N102	S	Payer Name	20 or 25	ADP
N103	N/A	Identification Code Qualifier	Not used	
N104	N/A	Identification Code	Not used	

Segment Name	Payer (Street) Address			
Segment ID	N3			
Loop ID	1000A			
Segment Usage	Required			
Segment Notes	This segment conveys Street Address information			
Example	N3*1700 K Street*Room 130~			
Element ID	Usage	Element Name	Valid Values	Comments
N301	R	Payer Address Line 1	1700 K Street	
N302	S	Payer Address Line 2	Room 130	

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Segment Name	Payer City/State/Zip Code		
Segment ID	N4		
Loop ID	1000A		
Segment Usage	Required		
Segment Notes	Payer City/State/ZIP		
Example	N4*SACRAMENTO*CA*95811~		
Element ID	**Usage**	**Element Name**	**Valid Values**	**Comments**
N401	R	City Name	Sacramento	
N402	R	State or Province Code	CA	
N403	R	Postal Code	95811	

Segment Name	Payee Identification		
Segment ID	N1		
Loop ID	1000B		
Segment Usage	Required		
Segment Notes	This segment identifies the Payee in the transaction.		
Example	N1*PE*LOS ANGELS*XX*1234567890~		
Element ID	**Usage**	**Element Name**	**Valid Values**	**Comments**
N101	R	Entity Identifier Code	PE	Payee
N102	R	Payee Name		Same name as Pay-To Provider Name from the 837. If the Pay-To Provider Loop was not sent, this will be the Billing Provider Name.
N103	R	ID Code Qualifier	XX	NPI
N104	R	Payee Identification Code		This is the Pay-To Provider ID from the 837. If the Pay-To Provider Loop was not sent, this will be the Billing Provider ID.

Segment Name	Payee Additional Identification		
Segment ID	REF		
Loop ID	1000B		
Segment Usage	Situational		
Segment Notes	If the primary payee identifier(Loop 1000B N1) is an NPI, then the EIN (if provided on the 837) appears here		
Example	REF*TJ*123456789~		
Element ID	**Usage**	**Element Name**	**Valid Values**	**Comments**
REF01	R	Reference Identification Qualifier	TJ	EIN
REF02	R	Reference Identification		
REF03	N/A	Description	Not used	
REF04	N/A	Reference Identifier	Not used	

Segment Name	Header Number		
Segment ID	LX		
Loop ID	2000		
Segment Usage	Required		
Segment Notes			
Example	LX*1~		
Element ID	**Usage**	**Element Name**	**Valid Values**	**Comments**
LX01	R	Assigned Number		

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Segment Name	Claim Payment Information			
Segment ID	CLP			
Loop ID	2100			
Segment Usage	Required			
Segment Notes	This segment supplies information common to all services of a claim.			
Example	CLP*1234567890*4*562*0**MC~			
Element ID	**Usage**	**Element Name**	**Valid Values**	**Comments**
CLP01	R	Patient Account Number		This is the value from CLM01 on 837
CLP02	R	Claim Status Code		4 = Denied, 25 = Predetermination Pricing Only - No Payment. A code 25 actually means that the claim is approved. See cross walk for additional details
CLP03	R	Total Claim Charge Amount		Taken from CLM02 in 837 Transaction
CLP04	R	Claim Payment Amount		Reflects amount approved for payment.
CLP05	N/A	Patient Responsibility Amount	0	This will not be used to report Patient Share of Cost. Share of Cost will be reported in Claim Supplemental Information (page 54 of this guide).
CLP06	R	Filing Indicator Code	MC	MEDICAID
CLP07	N/A	Payer Claim Control Number		Not Used
CLP08	S	Facility Type Code		Only used if adjudication changed the value from what was originally sent on the claim
CLP09	S	Claim Frequency Code		

Segment Name	Patient Name			
Segment ID	NM1			
Loop ID	2100			
Segment Usage	Required			
Segment Notes	This segment identifies the Patient associated with a claim.			
Example	NM1*QC*1*Doe*John*MI***HN*1234567890~			
Element ID	**Usage**	**Element Name**	**Valid Values**	**Comments**
NM101	R	Entity Identifier Code	QC	Patient
NM102	R	Entity Type Qualifier	1	Person
NM103	R	Patient Last Name		
NM104	R	Patient First Name		
NM105	S	Patient Middle Name		
NM106	N/A	Claim Filing Indicator Code		
NM107	N/A	Name Suffix		
NM108	S	Identification Code Qualifier	HN	
NM109	S	Patient Identifier		CIN, BIC, etc. This is the value that was reported on the 837.

Segment Name		Corrected Patient / Insured Name		
Segment ID		NM1		
Loop ID		2100		
Segment Usage		Required		
Segment Notes		Assumed to be corrected patient information for Medicare and Medicaid.		
Example		NM1*74*1******C*4891002839A~		
Element ID	Usage	Element Name	Valid Values	Comments
NM101	R	Entity Identifier Code	74	Corrected Insured
NM102	R	Entity Type Qualifier	1	Person
NM103	R	Corrected Patient Last Name		
NM104	R	Corrected Patient First Name		
NM105	S	Corrected Patient Middle Name		
NM106	N/A	Name Prefix		Not Used
NM107	N/A	Name Suffix		Not Used
NM108	R	Identification Code Qualifier	C	Insured's Changed Unique ID Number
NM109	R	Corrected Identification Code		County, approved aid code and CIN from EOB, in that order.

Segment Name		Service Provider Name		
Segment ID		NM1		
Loop ID		2100		
Segment Usage		Required		
Segment Notes		This segment identifies the provider rendering services. It is a required field when the rendering provider is different from the Payee which is true in most cases from SD/MC. This is data related to SD/MC Provider Code, which is on the Service Facility Location in the 837P.		
Example		NM1*82*2******XX*1234567893~		
Element ID	Usage	Element Name	Valid Values	Comments
NM101	R	Entity Identifier Code	82	Rendering Provider
NM102	R	Entity Type Qualifier	1 or 2	1 – Person 2 – Non-person
NM103	N/A	Provider Last Name or Organization Name		
NM104	N/A	Provider First Name;		
NM105	N/A	Provider Middle Name:		
NM106	N/A	Name Prefix;		
NM107	N/A	Name Suffix;		
NM108	R	Identification Code Qualifier	XX	NPI
NM109	R	Identification Code		

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Segment Name	Corrected Priority Payer Name			
Segment ID	NM1			
Loop ID	2100			
Segment Usage	Situational			
Segment Notes	This segment is required when the current payer believes that another payer has priority for making a payment.			
Example	NM1*PR*2*Medicare Part A and Part B*****PI*Z~			
Element ID	Usage	Element Name	Valid Values	Comments
NM101	R	Entity ID Code	PR	Payer
NM102	R	Entity Type Qualifier	2	Non-person
NM103	S	Organization Name		See TPL crosswalk for details
NM104	N/A	Patient First Name		
NM105	N/A	Patient Middle Name		
NM106	N/A	Name Prefix	Not Used	
NM107	N/A	Name Suffix	Not Used	
NM108	R	ID Code Qualifier	PI	PI = Payer Identification
NM109	R	Identification Code		See TPL crosswalk for details

Segment Name	Other Claim Related Information			
Segment ID	REF			
Loop ID	2100			
Segment Usage	Required			
Segment Notes	The additional patient identifiers found on the EOB are reported here. This segment is repeated 3 times to provide EA, SY, W values.			
Example	REF*EA*002606567~			
Element ID	Usage	Element Name	Valid Values	Comments
REFO1	R	Reference Identification Qualifier	EA	Medical Record Number
REF02	R	Reference Identification		

Segment Name	Other Claim Related Information			
Segment ID	REF			
Loop ID	2100			
Segment Usage	Required			
Segment Notes	The additional patient identifiers found on the EOB are reported here.			
Example	REF*SY*999909999~			
Element ID	Usage	Element Name	Valid Values	Comments
REFO1	R	Reference Identification Qualifier	SY	Social Security Number
REF02	R	Reference Identification		

Segment Name	Other Claim Related Information			
Segment ID	REF			
Loop ID	2100			
Segment Usage	Required			
Segment Notes	The additional patient identifiers found on the EOB are reported here.			
Example	REF*1W*486HM548909368~			
Element ID	Usage	Element Name	Valid Values	Comments
REFO1	R	Reference Identification Qualifier	1W	Member Identification Number
REF02	R	Reference Identification		

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Segment Name	Claim Date			
Segment ID	DTM			
Loop ID	2100			
Segment Usage	Required			
Segment Notes	This segment provides claim date information.			
Example	DTM*050*20030814~			
Element ID	**Usage**	**Element Name**	**Valid Values**	**Comments**
DTMO1	R	Date Time Qualifier	050	Received Date
DTM02	R	Date	CCYYMMDD	Date Received by ADP

Segment Name	Claim Supplemental Information			
Segment ID	AMT			
Loop ID	2100			
Segment Usage	Required			
Segment Notes	Used when the patient pays a share of the cost.			
Example	AMT*F5*10~			
Element ID	**Usage**	**Element Name**	**Valid Values**	**Comments**
AMTO1	R	Amount Qualifier Code	F5	Patient Amount Paid
AMT02	R	Monetary Amount		Medi-Cal Patient Share of Cost Reported on the 837 AMT*F5

Segment Name	Service Payment Information			
Segment ID	SVC			
Loop ID	2110			
Segment Usage	Required			
Segment Notes	The number of SVC Segments can be >1 based on the number of services performed.			
Example	SVC*HC:H2012:HF:H9*40.9*0**0**4~			
Element ID	**Usage**	**Element Name**	**Valid Values**	**Comments**
SVC01	R	Composite Medical Procedure Identifier		Adjudicated medical procedure code
SVCO1-1	R	Product/Service ID Qualifier	HC	HCPCS Codes
SVC01-2	R	Procedure Identification		This is the procedure or revenue code on the 837P
SVC01-3	S	Procedure Modifier 1		This is the first Modifier Reported on the procedure code from the 837P Transaction
SVC01-4	S	Procedure Modifier 2		This is the second Modifier Reported on the procedure code from the 837P Transaction
SVC01-5	S	Procedure Modifier 3		This is the third Modifier Reported on the procedure code from the 837P Transaction
SVC01-6	S	Procedure Modifier 4		This is the fourth Modifier Reported on the procedure code from the 837P Transaction
SVC01-07	N/A	Procedure Code Description		Not used
SVC02	R	Line Item Charge Amount		Amount billed
SVC03	S	Line Item Provider Payment Amount		Amount paid
SVC04	N/A	Product / Service ID		Not used
SVC05	R	Quantity; Units of Service Paid Count		Units of service
SVC06	N/A	Product / Service ID		Not used
SVC07	S	Quantity; Units of Service Paid Count		This value is required when the value of SVC07 is different than SVC05.

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Segment Name		Service Date		
Segment ID		DTM		
Loop ID		2110		
Segment Usage		Required		
Segment Notes		This segment will be sent once for single day services and twice for multi-day services.		
Example		DTM*472*20030609~ DTM*150*20080827~ DTM*151*20080230~		
Element ID	Usage	Element Name	Valid Values	Comments
DTMO1	R	Date / Time Qualifier	472 – Single Day Service 150 – Service Period Start 151 – Service Period End	
DTM02	R	Date	CCYYMMDD	

Segment Name		Service Adjustment		
Segment ID		CAS		
Loop ID		2110		
Segment Usage		Situational		
Segment Notes		Adjustments reflected here correlate to error messages and transactions code errors on the EOB.		
Example		CAS*CO*31*50*1~		
Element ID	Usage	Element Name	Valid Values	Comments
CASO1	R	Claim Adjustment Group Code		CO – Contractual Obligations OA – Other Adjustments PI – Payer Initiated Reductions PR – Patient Responsibility
CAS02	R	Adjustment Reason Code		See SD/MC Error Code Crosswalk
CAS03	R	Monetary Amount		This field contains the amount of the adjustment.
CAS04	S	Quantity		This field is used when the units of service are being adjusted. A Positive Amount decreases the payment contained in SVC03 and CLP04. A negative amount increase the payment contained in SVC03 and CLP04.
CAS05	*R*	*Adjustment Reason Code*		
CAS06	*R*	*Monetary Amount*		
CAS07	*S*	*Quantity*		
CAS08	R	Adjustment Reason Code		
CAS09	R	Monetary Amount		
CAS10	S	Quantity		
CAS11	*R*	*Adjustment Reason Code*		
CAS12	*R*	*Monetary Amount*		
CAS13	*S*	*Quantity*		
CAS14	R	Adjustment Reason Code		
CAS15	R	Monetary Amount		
CAS16	S	Quantity		
CAS17	*R*	*Adjustment Reason Code*		
CAS18	*R*	*Monetary Amount*		
CAS19	*S*	*Quantity*		

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Segment Name		Service Identification		
Segment ID		REF		
Loop ID		2110		
Segment Usage		Situational		
Segment Notes		Provider line item control number. This is required if the provider includes this in the 837P.		
Example		REF*6R*A090500242~		
Element ID	Usage	Element Name	Valid Values	Comments
REFO1	R	Reference ID Qualifier	6R	Line Item Control Number.
REF02	R	Reference Identification		If 6R exists in 837P then it is returned.

Segment Name		Rendering Provider Information		
Segment ID		REF		
Loop ID		2110		
Segment Usage		Situational		
Segment Notes		Only use when rendering provider is specific to this service line, as would be indicated on the 837.		
Example		REF*HPI*1234567893~		
Element ID	Usage	Element Name	Valid Values	Comments
REFO1	R	Reference ID Qualifier	HPI	NPI
REF02	R	Reference Identification		NPI

Segment Name		Service Supplemental Amount		
Segment ID		AMT		
Loop ID		2110		
Segment Usage		Required		
Segment Notes		This segment is used to convey information only. No Dollar Amounts are sent. This is not part of the financial balancing of an 835 transaction.		
Example		AMT*B6*20~		
Element ID	Usage	Element Name	Valid Values	Comments
AMTO1	R	Amount Qualifier Code	B6	Allowed Amount or Actual Amount
AMT02	R	Monetary Amount		This is SD/MC Maximum Allowable Amount

Segment Name		Health Care Remarks Code		
Segment ID		LQ		
Loop ID		2110		
Segment Usage		Required		
Segment Notes		Remarks reflected here should be combined with the adjustment reason codes sent to correlate to error messages and transactions code errors on the EOB.		
Example		LQ*HE*MA130~		
Element ID	Usage	Element Name	Valid Values	Comments
LQO1	R	Code List Qualifier Code	HE	Claim payment remark codes
LQ02	R	Industry Code		Use for adjustments that are not specific to a particular claim or service. See SD/MC Error crosswalk

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Segment Name	Provider Adjustment			
Segment ID	PLB			
Loop ID	Summary			
Segment Usage	Situational			
Segment Notes	One occurrence will be generated per unique SD/MC Provider number at the service level.			
Example	PLB*1234567893*20031231*CS:482003030101*0~			
Element ID	**Usage**	**Element Name**	**Valid Values**	**Comments**
PLB01	R	Reference Identification		NPI
PLB02	R	Date; Fiscal Period Date		If the Fiscal Date is not known use December 31st of this year.
PLB03-01	R	Adjustment Reason Code	CS	
PLB03-02	R	Reference Identification		This is the ADP Batch Number.
PLB04	R	Monetary Amount		This amount reflects the sum of all approved amounts for services for the provider ID on the 835. Since this is a non-payment transaction, the PLB segments are used to balance the transaction to zero.

Segment Name	Transaction Set Trailer			
Segment ID	SE			
Loop ID	Summary			
Segment Usage	Required			
Segment Notes	Transaction Set Trailer Counts			
Example	SE*26*0197~			
Element ID	**Usage**	**Element Name**	**Valid Values**	**Comments**
SE01	R	Number of Included Segments		
SE02	R	Transaction Set Control Number		Must match the value sent in the ST02 field.

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5.4 EXAMPLE OF AN 835 TRANSACTION

```
ISA*00*          *00*
*ZZ*INFOTECHWEBSVCS*ZZ*C30000000000000*031008*0945*U*00401*000003059*0*P*:~
GS*HP*INFOTECHWEBSVCS*C30000000000000*20031008*0945*3060*X*004010X091A1~
ST*835*0001~
BPR*I*0*C*CHK************20031008~
TRN*1*302003065001*1680290013*ADP~
REF*EV*ETIN010242~
REF*F2*C30-20031008100000-01~
DTM*405*20030820~
N1*PR*25~
N3*1700 K STREET*ROOM 130~
N4*SACRAMENTO*CA*95814~
N1*PE*Los Angeles*FI*22~
LX*1~
CLP*1234567890*25*300.5*240**MC~
NM1*QC*1*Doe*John*MI ***HN*1234567890~
NM1*74*1******C*30~
NM1*82*2******XX*1234567890~
REF*EA*0872~
REF*SY*551732045~
REF*1W*0000M551732045~
DTM*050*20030814~
AMT*F5*10~
SVC*HC: H0020: HG*100.5*50**1**2~
DTM*472*20030601~
CAS*CO*31*50.5*1~
REF*6R*A09050024212345~
LQ*HE*N59~
SVC*HC: H0020: HG: HF: H9*100*90**1~
DTM*472*20030602~
CAS*CO*31*10*0~
REF*6R*A090500243123456~
LQ*HE*N59~
SVC*HC: H0047: HD: HF: H9*100*100**1~
DTM*472*20030603~
CAS*CO*31*0*0~
REF*6R*A0905002441234567~
LQ*HE*N59~
CLP*1234567891*25*200*120**MC~
NM1*QC*1*Doe*John*MI ***HN*1234567891~
NM1*74*1******C*30~
NM1*82*2******XX*1234567890~
REF*EA*0872~
REF*SY*551732045~
REF*1W*0000M551732045~
DTM*050*20030814~
AMT*F5*0~
SVC*HC: H0047: HD: HF: H9*100*95**1~
DTM*472*20030604~
CAS*CO*31*5*0~
REF*6R*A0905002451234567~
LQ*HE*N59~
SVC*HC: H0005: HG*100*25**1~
DTM*472*20030605~
CAS*CO*31*75*0~
REF*6R*A0905002461234567890123456789012345678~
LQ*HE*N59~
PLB*0905*20031231*CS: 302003065001*360~
SE*61*0001~
ST*835*0002~
BPR*H*0*C*NON************20031008~
TRN*1*302003065002*1680290013*ADP~
REF*EV*ETIN010247~
REF*F2*C30-20031008100000-01~
DTM*405*20030820~
N1*PR*25~
```

```
835
N3*1700 K STREET*ROOM 130~
N4*SACRAMENTO*CA*95814~
N1*PE*Los Angeles*FI*22~
LX*1~
CLP*1234567892*25*200*125. 95**MC~
NM1*QC*1*Doe*John*MI ***HN*1234567892~
NM1*74*1******C*30~
NM1*82*2******XX*1234567890~
REF*EA*0872~
REF*SY*551732045~
REF*1W*0000M551732045~
DTM*050*20030814~
AMT*F5*10~
SVC*HC: H0015: HA*100*25. 95**1~
DTM*472*20030606~
CAS*CO*31*74. 05*0~
REF*6R*A090500247~
LQ*HE*N59~
SVC*HC: H0018: HD: HF: H9*100*100**1~
DTM*472*20030607~
CAS*CO*31*0*0~
REF*6R*A090500248~
LQ*HE*N59~
CLP*1234567893*25*200*11**MC~
NM1*QC*1*Doe*John*MI ***HN*1234567893~
NM1*74*1******C*30~
NM1*82*2******XX*1234567890~
REF*EA*0872~
REF*SY*551732045~
REF*1W*0000M551732045~
DTM*050*20030814~
AMT*F5*0~
SVC*HC: H0020: HD*100*10**1~
DTM*472*20030608~
CAS*CO*31*90*0~
REF*6R*A090500249~
LQ*HE*N59~
SVC*HC: H0020: HD*100*1**1~
DTM*472*20030609~
CAS*CO*31*99*0~
REF*6R*A0905002500123~
LQ*HE*N59~
PLB*0905*20031231*CS: 302003065002*136. 95~
SE*55*0002~
GE*2*3060~
IEA*1*000003059~
```

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6.0 ACKNOWLEDGEMENTS AND REPORTS

6.1 FUNCTIONAL ACKNOWLEDGEMENT - 997

A functional acknowledgment is generated to report the acceptance or rejection of a functional group, transaction set, or segment related to the receipt of an 837P Claim. ADP generates an outbound 997 to acknowledge all inbound transactions that are accepted or rejected in 837 processing.

ADP validates the incoming 837 transactions by first checking the syntax of the transaction for X12 Compliance and then by validating the data against the HIPAA Implementation Guideline using the ClarEDI Product based on the data content.

If a transaction contains errors, the entire ST through SE is rejected and the rest of the transactions within ISA-IEA segment are accepted provided all data meets with the compliance rules set up by the translator and ClarEDI product.

6.2 SEGMENT USAGE - 997

This section contains a tabular representation of any segment required or situational for the ADP HIPAA implementation of the 997. Each segment table contains rows and columns describing different segment elements. These components are as follows:

- Segment Name –industry assigned segment name as identified in the 997
- Segment ID –industry assigned segment ID as identified in the 997
- Loop ID –loop within which the segment should appear
- Usage – identifies the segment as required or situational
- Segment Notes –brief description of the purpose or use of the segment
- Example –example of complete segment
- Element ID –industry assigned data element ID as identified in the 997
- Usage – identifies the data element as R-required, S-situational, or N/A-not used based on ADP guidelines
- Guide Description/Valid Values –industry name associated with the data element

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Segment Usage Table – 997

Segment ID	Loop ID	Segment Name	R – Required S - Situational
ST	N/A	Transaction Set Header	**R**
AK1	N/A	Functional Group Response Header	**R**
AK2	AK2	Transaction Set Response Header	**S**
AK3	AK3	Data Segment Note	**S**
AK4	AK3	Date Element Note	**S**
AK5	AK2	Transaction Set Response Trailer	**R**
AK9	N/A	Functional Group Response Trailer	**R**
SE	N/A	Transaction Set Trailer	**R**

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6.3 SEGMENT AND DATA ELEMENT DESCRIPTION

This section contains a tabular representation of any segment required or situational for ADP HIPAA implementation of the 997.

Segment Name		Transaction Set Header		
Segment ID		ST		
Loop ID		N/A		
Segment Usage		Required		
Segment Notes				
Example		ST*997~54321~		
Element ID	Usage	Element Name	Valid Values	Comments
STO1	R	Transaction Set Identifier Code	997	Functional Acknowledgment
ST02	R	Transaction Set Control Number	0001	Equal to SE02

Segment Name		Functional Group Response Header		
Segment ID		AK1		
Loop ID		N/A		
Segment Usage		Required		
Segment Notes		This segment is used to start acknowledgement of a functional group..		
Example		AK1*HC*8215~		
Element ID	Usage	Element Name	Valid Values	Comments
AK101	R	Functional Identifier Code	HC	Health Care Claim (837)
AK102	R	Transaction Set Control Number		

Segment Name		Transaction Set Response Header		
Segment ID		AK2		
Loop ID		AK2		
Segment Usage		Situational		
Segment Notes		This segment starts the transaction set acknowledgement. This segment is sent if the 837 is accepted or rejected.		
Example		AK2*837*252525~		
Element ID	Usage	Element Name	Valid Values	Comments
AK201	R	Functional Identifier Code	837	
AK201	R	Transaction Set Control Number		This data element contains the value from the ST segment of the original 837 file.

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Segment Name	Data Segment Note			
Segment ID	AK3			
Loop ID	AK2/AK3			
Segment Usage	Situational			
Segment Notes	This segment reports segment/looping errors in the submitted transaction.			
Example	AK3*NM1*16*2010BA*8~			
Element ID	**Usage**	**Element Name**	**Valid Values**	**Comments**
AK301	R	Segment ID Code		The 2 or 3 characters that begin a segment (REF, AK3)
AK302	R	Segment Position in the Transaction Set		This data element contains the sequential position of the segment ID identified in the AK301. This count begins with 1 for the ST segment and increments by one from that point.
AK303	S	Loop Identifier Code		This data element identifies the loop where the erroneous segment resides.
AK304	S	Segment Syntax Error Code		This data element describes the type of error encountered. 1 Unrecognized segment ID 2 Unexpected segment 3 Mandatory segment missing 4 Loop Occurs Over Maximum Times 5 Segment Exceeds Maximum Use 6 Segment Not in Defined Transaction Set 7 Segment Not in Proper Sequence 8 Segment Has Data Element Errors

Segment Name	Data Element Note			
Segment ID	AK4			
Loop ID	AK2/AK3			
Segment Usage	Situational			
Segment Notes	This segment reports data element/composite errors in the submitted transaction.			
Example	AK4*9:1**67*1~			
Element ID	**Usage**	**Element Name**	**Valid Values**	**Comments**
AK401	R	Position in Segment		This is a composite data element.
AK401-1	R	Element Position in Segment		This data element contains the sequential position of the segment ID identified in the AK301. This count begins with 1 for the ST segment and increments by one from that point.
AK401-2	S	Component Data Element Position in Composite		This data element identifies within the composite structure where the error occurred.
AK402	S	Data Element Reference Number		This is the Data Element Dictionary reference number associated with erroneous data.
AK403	R	Data Element Syntax Error Code		This data element describes the type of error encountered. 1 Mandatory data element missing 2 Conditional required data element missing. 3 Too many data elements. 4 Data element too short. 5 Data element too long. 6 Invalid character in data element. 7 Invalid code value. 8 Invalid Date 9 Invalid Time 10 Exclusion Condition Violated
AK404	NA	Copy of Bad Element		Used unless the bad data is an invalid character.

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Segment Name	Transaction Set Response Trailer			
Segment ID	AK5			
Loop ID	AK2/AK3			
Segment Usage	Required			
Segment Notes	This segment acknowledges the transaction acceptance or rejection and any report errors.			
Example	AK5*R*5~			
Element ID	Usage	Element Name	Valid Values	Comments
AK501	R	Transaction Set Acknowledgement Code		A – Accepted R - Rejected
AK502	R	Transaction Set Syntax Error Code		1 Transaction Set Not Supported 2 Transaction Set Trailer Missing 3 Transaction Set Control Number in Header and Trailer Do Not Match 4 Number of Included Segments Does Not Match Actual Count 5 One or More Segments in Error 6 Missing or Invalid Transaction Set Identifier 7 Missing or Invalid Transaction Set Control Number 8 Authentication Key Name Unknown 9 Encryption Key Name Unknown 10 Requested Service (Authentication or Encrypted) Not Available 11 Unknown Security Recipient 12 Incorrect Message Length (Encryption Only) 13 Message Authentication Code Failed 15 Unknown Security Originator 16 Syntax Error in Decrypted Text 17 Security Not Supported 23 Transaction Set Control Number Not Unique within the Functional Group 24 S3E Security End Segment Missing for S3S Security Start Segment 25 S3S Security Start Segment Missing for S3E Security End Segment 26 S4E Security End Segment Missing for S4S Security Start Segment 27 S4S Security Start Segment Missing for S4E Security End Segment
AK503	S	Transaction Set Syntax Error Code		Use error codes in AK502
AK504	S	Transaction Set Syntax Error Code		Use error codes in AK502
AK505	S	Transaction Set Syntax Error Code		Use error codes in AK502
AK506	S	Transaction Set Syntax Error Code		Use error codes in AK502

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Segment Name	Functional Group Response Trailer			
Segment ID	AK9			
Loop ID	N/A			
Segment Usage	Required			
Segment Notes	This segment acknowledges the functional group acceptance or rejection and reports the number of transaction sets originally included, received, and accepted.			
Example	AK9*R*1*1*0~			
Element ID	Usage	Element Name	Valid Values	Comments
AK901	R	Functional Group Acknowledgement Code		Values Used: A – Accepted R - Rejected
AK902	R	Number of Transaction sets included		This data element contains the value from the GE01 data element from the GE Segment of the original file being acknowledged.
AK903	R	Number of Received Transaction Sets		
AK904	R	Number of Accepted Transaction Sets		
AK905	S	Functional Group Syntax Error Code		1 Functional Group Not Supported 2 Functional Group Version Not Supported 3 Functional Group Trailer Missing 4 Group Control Number in the Functional Group Header and Trailer Do Not Agree 5 Number of Included Transaction Sets Does Not Match Actual Count 6 Group Control Number Violates Syntax 10 Authentication Key Name Unknown 11 Encryption Key Name Unknown 12 Requested Service (Authentication or Encryption) Not Available 13 Unknown Security Recipient 14 Unknown Security Originator 15 Syntax Error in Decrypted Text 16 Security Not Supported 17 Incorrect Message Length (Encryption Only) 18 Message Authentication Code Failed 23 S3E Security End Segment Missing for S3S Security Start Segment 24 S3S Security Start Segment Missing for S3E End Segment 25 S4E Security End Segment Missing for S4S Security Start Segment 26 S4S Security Start Segment Missing for S4E Security End Segment
AK906	S	Functional Group Syntax Error Code		Use error codes in AK905
AK907	S	Functional Group Syntax Error Code		Use error codes in AK905
AK908	S	Functional Group Syntax Error Code		Use error codes in AK905
AK909	S	Functional Group Syntax Error Code		Use error codes in AK905

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Segment Name		Transaction Set Trailer		
Segment ID		SE		
Loop ID		N/A		
Segment Usage		Required		
Segment Notes		Transaction Set Trailer Counts		
Example		SE*6*54321~		
Element ID	Usage	Element Name	Valid Values	Comments
SE01	R	Number of Included Segments		
SE02	R	Transaction Set Control Number		Equal to ST02

6.4 EXAMPLES OF ACCEPTED AND REJECTED 997 TRANSACTION SETS

Scenario 1: Accepted Transaction Set
The following message shows a 997 for an accepted functional group with only one transaction set.

```
ISA*00*          *00*
*ZZ*INFOTECHWEBSVCS*ZZ*C19000000000000*030922*1945*U*00401*000000306*0*P*:
GS*FA*INFOTECHWEBSVCS*C19000000000000*20030922*1945*297*X*004010X098A1
ST*997*0295
AK1*HC*0
AK2*837*0001
AK5*A            -- A indicates an Accepted Transaction Set
AK9*A*1*1*1 -- A indicates an Accepted Functional Group
SE*6*0295
GE*1*297
IEA*1*000000306
```

Scenario 2: Rejected Transaction Set
The following message shows a 997 for a rejected functional group with only one transaction set.

```
ISA*00*          *00*
*ZZ*INFOTECHWEBSVCS*ZZ*C19000000000000*030923*1255*U*00401*000000320*0*P*:
GS*FA*INFOTECHWEBSVCS*C19000000000000*20030923*1255*311*X*004010X098A1
ST*997*0309
AK1*HC*0
AK2*837*0005
AK5*A              --A indicates accepted Transaction set
AK2*837*0002
AK3*CLM*21*2300*8 -- CLM segment in loop 2300 has error
AK4*2*782*7
AK3*DMG*17**2
AK3*SE*186*837P
AK3*HL*13*2000B*3
AK5*R*5*4          --R indicates Rejected Transaction set
AK2*837*0003
AK5*A              --R indicates accepted Transaction set
AK9*P*3*3*2
SE*17*0309
GE*1*311
IEA*1*000000320
```

7.0 CROSSWALK MAPPINGS

7.1 MAPPING SD/MC CLAIM CODES TO 837P

This section helps in uniquely translating SD/MC program code, mode of service, and service function code to HIPAA compliant 837P procedure code, Modifier1, Modifier2, Modifier3, Modifer4, place of service and line note.

7.1.1 TABLE A - CROSSOVER INDICATOR CROSSWALK

SD/MC Code	SD/MC Code Description	837P Field/Name 1	Value 1	837P Field/Name 2	Value 2
Blank	No Medicaid or other health coverage	CLM07/Medicare Assignment Code	Any valid value except "C"	Loop 2320 is not present	
H	Non-Medicaid certified provider	CLM07/Medicare Assignment Code	C	Loop 2320 is not present	
N	Medicaid covered recipient, however either Medicare denied the claim or the claim is for services that Medicare does not cover.	Loop 2320, SBR09/Claim Filing Indicator Code	MB	Loop 2320, AMT02/COB Allowed Amount	0 (Zero)
P	Other health coverage	Loop 2320, SBR09/Claim Filing Indicator Code	10, 11, 12, 13, 14, 15, 16, AM, BL, CH, CI, DS, HM, LI, LM, OF, TV, VA, WC, ZZ	Loop 2320, AMT02/COB Payer Paid Amount (837P)or Prior Payer Payment (837I)	Greater than zero.
X	Medicaid coverage	Loop 2320, SBR09/Claim Filing Indicator Code	MB	Loop 2320, AMT02/COB Payer Paid Amount (837P)or Prior Payer Payment (837I)	Greater than zero.

7.1.2 TABLE B – SERVICE CODE CROSSWALK

Program Code	Mode of Service	Service Function Codes [2]	Service Description	Procedure Code	Unit/Basis Meas. Code	Procedure Modifier 1	Procedure Modifier 2	Procedure Modifier 3	Procedure Modifier 4	Line Item Note [1]	Place of Service Code
Non-Perinatal Programs (Program Code 20)											
20 Non perinatal	12 Out Patient	20	NTP - Methadone	H0020	Unit = 1 dose per day	HG – Opioid Addiction					22 – Outpatient Hospital
20 Non perinatal	17 Clinic	20	NTP - Methadone	H0020	Unit = 1 dose per day	HG – Opioid Addiction					57 – Non Residential
20 Non perinatal	12 Out Patient	22	NTP – Methadone –SACPA	H0020	Unit = 1 dose per day	HG – Opioid Addiction	H9 – Court Ordered				22 – Outpatient Hospital
20 Non perinatal	17 Clinic	22	NTP – Methadone –SACPA	H0020	Unit = 1 dose per day	HG – Opioid Addiction	H9 – Court Ordered				57 – Non Residential
20 Non perinatal	12 – Out Patient	23	NTP – LAAM	H0047	Unit = 1 dose per day	HG – Opioid Addiction				1 – LAAM	22 – Outpatient Hospital
20 Non perinatal	17 Clinic	23	NTP - LAAM	H0047	Unit = 1 dose per day	HG – Opioid Addiction				1 – LAAM	57 – Non Residential
20 Non perinatal	12 – Out Patient	25	NTP – LAAM – SACPA	H0047	Unit = 1 dose per day	HG – Opioid Addiction	H9 – Court Ordered			1 – LAAM	22 – Outpatient Hospital
20 Non perinatal	17 Clinic	25	NTP – LAAM – SACPA	H0047	Unit = 1 dose per day	HG – Opioid Addiction	H9 – Court Ordered			1 – LAAM	57 – Non Residential
20 Non perinatal	12 – Out Patient	26	NTP – Individual Counseling	H0004	Unit = 15 min (1 ADP Unit = 10 min or 0.67 Units)	HG – Opioid Addiction					22 – Outpatient Hospital
20 Non perinatal	17 Clinic	26	NTP – Individual Counseling	H0004	Unit = 15 min (1 ADP Unit = 10 min or 0.67 Units)	HG – Opioid Addiction					57 – Non Residential
20 Non perinatal	12 – Out Patient	27	NTP – Individual Counseling – SACPA	H0004	Unit = 15 min (1 ADP Unit = 10 min or 0.67 Units)	HG – Opioid Addiction	H9 – Court Ordered				22 – Outpatient Hospital

Crosswalks

Program Code	Mode of Service	Service Function Codes [2]	Service Description	Procedure Code	Unit/Basis Meas. Code	Procedure Modifier 1	Procedure Modifier 2	Procedure Modifier 3	Procedure Modifier 4	Line Item Note [1]	Place of Service Code
20 Non perinatal	17 Clinic	27	NTP – Individual Counseling - SACPA	H0004	Unit = 15 Min (1 ADP Unit = 10 min or 0.67 Units)	HG – Opioid Addiction	H9 – Court Ordered				57 – Non Residential
20 Non perinatal	12 Out Patient	28	NTP – Group Counseling	H0005	Unit = 15 min (1 ADP Unit = 10 min or 0.67 Units)	HG – Opioid Addiction					22 – Outpatient Hospital
20 Non perinatal	17 Clinic	28	NTP – Group Counseling	H0005	Unit = 15 min (1 ADP Unit = 10 min or 0.67 Units)	HG – Opioid Addiction					57 – Non Residential
20 Non perinatal	12 Out Patient	29	NTP – Group Counseling – SACPA	H0005	Unit = 15 min (1 ADP Unit = 10 min or 0.67 Units)	HG – Opioid Addiction	H9 – Court Ordered				22 – Outpatient Hospital
20 Non perinatal	17 Clinic	29	NTP – Group Counseling – SACPA	H0005	Unit = 15 min (1 ADP Unit = 10 min or 0.67 Units)	HG – Opioid Addiction	H9 – Court Ordered				57 – Non Residential
20 Non perinatal	12 Out Patient	30	Day Care Rehabilitative (DCR)	H0015	Unit = 1 service day	HA – Child /Adolescent Program					22 – Outpatient Hospital
20 Non perinatal	17 Clinic	30	Day Care Rehabilitative (DCR)	H0015	Unit = 1 service day	HA – Child /Adolescent Program					57 – Non Residential
20 Non perinatal	12 Out Patient	39	Day Care Rehabilitative (DCR) – SACPA	H0015	Unit = 1 service day	HA – Child /Adolescent Program	H9 – Court Ordered				22 – Outpatient Hospital
20 Non perinatal	17 Clinic	39	Day Care Rehabilitative (DCR) – SACPA	H0015	Unit = 1 service day	HA – Child /Adolescent Program	H9 – Court Ordered				57 – Non Residential
20 Non perinatal	12 Out Patient	50	Naltrexone (NAL)	H0047	Unit = 1 service day	HG – Opioid Addiction				2 – NAL	22 – Outpatient Hospital
20 Non perinatal	17 Clinic	50	Naltrexone (NAL)	H0047	Unit = 1 service day	HG – Opioid Addiction				2 – NAL	57 – Non Residential
20 Non perinatal	12 Out Patient	50	Naltrexone (NAL) – SACPA	H0047	Unit = 1 service day	HG – Opioid Addiction	H9 – Court Ordered			2 – NAL	22 – Outpatient Hospital
20 Non perinatal	17 Clinic	50	Naltrexone (NAL) - SACPA	H0047	Unit = 1 service day	HG – Opioid Addiction	H9 – Court Ordered			2 – NAL	57 – Non Residential

Crosswalks

Program Code	Mode of Service	Service Function Codes [2]	Service Description	Procedure Code	Unit/Basis Meas. Code	Procedure Modifier 1	Procedure Modifier 2	Procedure Modifier 3	Procedure Modifier 4	Line Item Note [1]	Place of Service Code
20 Non perinatal	12 Out Patient	80	ODF – Individual Counseling	H0004	Unit = 1 service day (Per Person)	HF – Substance Abuse					22 – Outpatient Hospital
20 Non perinatal	17 Clinic	80	ODF – Individual Counseling	H0004	Unit = 1 service day (Per Person)	HF – Substance Abuse					57 – Non Residential
20 Non perinatal	12 Out Patient	84	ODF – Individual Counseling – SACPA	H0004	Unit = 1 service day (Per Person)	HF – Substance Abuse	H9 – Court Ordered				22 – Outpatient Hospital
20 Non perinatal	17 Clinic	84	ODF – Individual Counseling - SACPA	H0004	Unit = 1 service day (Per Person)	HF – Substance Abuse	H9 – Court Ordered				57 – Non Residential
20 Non perinatal	12 Out Patient	85	ODF – Group Counseling	H0005	Unit = 1 service day (Per Person)						22 – Outpatient Hospital
20 Non perinatal	17 Clinic	85	ODF – Group Counseling	H0005	Unit = 1 service day (Per Person)						57 – Non Residential
20 Non perinatal	12 Out Patient	89	ODF – Group Counseling – SACPA	H0005	Unit = 1 service day (Per Person)	H9 – Court Ordered					22 – Outpatient Hospital
20 Non perinatal	17 Clinic	89	ODF – Group Counseling – SACPA	H0005	Unit = 1 service day (Per Person)	H9 – Court Ordered					57 – Non Residential
Perinatal Programs (Program Code 25)											
25 Perinatal	12 Out Patient	20	NTP - Methadone	H0020	Unit = 1 dose per day	HD – Pregnant Parenting Women's Program	HG – Opioid Addiction				22 – Outpatient Hospital
25 Perinatal	17 Clinic	20	NTP - Methadone	H0020	Unit = 1 dose per day	HD – Pregnant Parenting Women's Program	HG – Opioid Addiction				57 – Non Residential
25 Perinatal	12 Out Patient	22	NTP – Methadone –SACPA	H0020	Unit = 1 dose per day	HD – Pregnant Parenting Women's Program	HG – Opioid Addiction	H9 – Court Ordered			22 – Outpatient Hospital
25 Perinatal	17 Clinic	22	NTP – Methadone –SACPA	H0020	Unit = 1 dose per day	HD – Pregnant Parenting Women's Program	HG – Opioid Addiction	H9 – Court Ordered			57 – Non Residential

Crosswalks

Program Code	Mode of Service	Service Function Codes [2]	Service Description	Procedure Code	Unit/Basis Meas. Code	Procedure Modifier 1	Procedure Modifier 2	Procedure Modifier 3	Procedure Modifier 4	Line Item Note [1]	Place of Service Code
25 Perinatal	12 Out Patient	26	NTP – Individual Counseling	H0004	Unit = 15 min (1 ADP Unit = 10 min or 0.67 Units)	HD – Pregnant Parenting Women's Program	HG – Opioid Addiction				22 – Outpatient Hospital
25 Perinatal	17 Clinic	26	NTP – Individual Counseling	H0004	Unit = 15 min (1 ADP Unit = 10 min or 0.67 Units)	HD – Pregnant Parenting Women's Program	HG – Opioid Addiction				57 – Non Residential
25 Perinatal	12 Out Patient	27	NTP – Individual Counseling – SACPA	H0004	Unit = 15 min (1 ADP Unit = 10 min or 0.67 Units)	HD – Pregnant Parenting Women's Program	HG – Opioid Addiction	H9 – Court Ordered			22 – Outpatient Hospital
25 Perinatal	17 Clinic	27	NTP – Individual Counseling - SACPA	H0004	Unit = 15 Min (1 ADP Unit = 10 min or 0.67 Units)	HD – Pregnant Parenting Women's Program	HG – Opioid Addiction	H9 – Court Ordered			57 – Non Residential
25 Perinatal	12 Out Patient	28	NTP – Group Counseling	H0005	Unit = 15 Min (1 ADP Unit = 10 min or 0.67 Units)	HD – Pregnant Parenting Women's Program	HG – Opioid Addiction				22 – Outpatient Hospital
25 Perinatal	17 Clinic	28	NTP – Group Counseling	H0005	Unit = 15 Min (1 ADP Unit = 10 min or 0.67 Units)	HD – Pregnant Parenting Women's Program	HG – Opioid Addiction				57 – Non Residential
25 Perinatal	12 Out Patient	29	NTP – Group Counseling – SACPA	H0005	Unit = 15 Min (1 ADP Unit = 10 min or 0.67 Units)	HD – Pregnant Parenting Women's Program	HG – Opioid Addiction	H9 – Court Ordered			22 – Outpatient Hospital
25 Perinatal	17 Clinic	29	NTP – Group Counseling – SACPA	H0005	Unit = 15 Min (1 ADP Unit = 10 min or 0.67 Units)	HD – Pregnant Parenting Women's Program	HG – Opioid Addiction	H9 – Court Ordered			57 – Non Residential
25 Perinatal	12 Out Patient	30	Day Care Rehabilitative (DCR)	H0015	Unit = 1 service day	HD – Pregnant Parenting Women's Program	HA – Child /Adolescent Program				22 – Outpatient Hospital
25 Perinatal	17 Clinic	30	Day Care Rehabilitative (DCR)	H0015	Unit = 1 service day	HD – Pregnant Parenting Women's Program	HA – Child /Adolescent Program				57 – Non Residential
25 Perinatal	12 Out Patient	39	Day Care Rehabilitative (DCR) – SACPA	H0015	Unit = 1 service day	HD – Pregnant Parenting Women's Program	HA – Child /Adolescent Program	H9 – Court Ordered			22 – Outpatient Hospital
25 Perinatal	17 Clinic	39	Day Care Rehabilitative (DCR) – SACPA	H0015	Unit = 1 service day	HD – Pregnant Parenting Women's Program	HA – Child /Adolescent Program	H9 – Court Ordered			57 – Non Residential
25 Perinatal	12 Out Patient	40	Perinatal Residential (RES) – Short-term	H0018	Unit = 1 service day	HD – Pregnant Parenting Women's Program	HF – Substance Abuse				55 – Residential

Crosswalks

Program Code	Mode of Service	Service Function Codes [2]	Service Description	Procedure Code	Unit/Basis Meas. Code	Procedure Modifier 1	Procedure Modifier 2	Procedure Modifier 3	Procedure Modifier 4	Line Item Note [1]	Place of Service Code
25 Perinatal	17 Clinic	40	Perinatal Residential (RES) – Long-term	H0019	Unit = 1 service day	HD – Pregnant Parenting Women's Program	HF – Substance Abuse				55 – Residential
25 Perinatal	12 Out Patient	49	Perinatal Residential (RES) – Short-term – SACPA	H0018	Unit = 1 service day	HD – Pregnant Parenting Women's Program	HF – Substance Abuse	H9 – Court Ordered			55 – Residential
25 Perinatal	17 Clinic	49	Perinatal Residential (RES) – Long-term – SACPA	H0019	Unit = 1 service day	HD – Pregnant Parenting Women's Program	HF – Substance Abuse	H9 – Court Ordered			55 – Residential
25 Perinatal	12 Out Patient	80	ODF – Individual Counseling	H0004	Unit = 1 service day (Per Person)	HD – Pregnant Parenting Women's Program	HF – Substance Abuse				22 – Outpatient Hospital
25 Perinatal	17 Clinic	80	ODF – Individual Counseling	H0004	Unit = 1 service day (Per Person)	HD – Pregnant Parenting Women's Program	HF – Substance Abuse				57 – Non Residential
25 Perinatal	12 Out Patient	84	ODF – Individual Counseling – SACPA	H0004	Unit = 1 service day (Per Person)	HD – Pregnant Parenting Women's Program	HF – Substance Abuse	H9 – Court Ordered			22 – Outpatient Hospital
25 Perinatal	17 Clinic	84	ODF – Individual Counseling - SACPA	H0004	Unit = 1 service day (Per Person)	HD – Pregnant Parenting Women's Program	HF – Substance Abuse	H9 – Court Ordered			57 – Non Residential
25 Perinatal	12 Out Patient	85	ODF – Group Counseling	H0005	Unit = 1 service day (Per Person)	HD – Pregnant Parenting Women's Program					22 – Outpatient Hospital
25 Perinatal	17 Clinic	85	ODF – Group Counseling	H0005	Unit = 1 service day (Per Person)	HD – Pregnant Parenting Women's Program					57 – Non Residential
25 Perinatal	12 Out Patient	89	ODF – Group Counseling – SACPA	H0005	Unit = 1 service day (Per Person)	HD – Pregnant Parenting Women's Program	H9 – Court Ordered				22 – Outpatient Hospital
25 Perinatal	17 Clinic	89	ODF – Group Counseling – SACPA	H0005	Unit = 1 service day (Per Person)	H9 – Court Ordered	H9 – Court Ordered				57 – Non Residential

7.1.3 TABLE C – MINUTES TO UNITS CONVERSION

To convert the SD/MC 10-minute unit of service to the 15 minute HIPAA unit of service:

- Multiply the minutes for each unit of service by 1/15 (0.066667) and round to two decimal places (column 1 x column 2)

  o For example, 20 minutes, representing 2 units of counseling ➔ (20 x 0.066667 = 1.33 HIPAA Units). 1.33 should be entered into the 837.

- The result will be the HIPAA unit(s), which is to be entered in the 837 for the applicable service's Procedure Code (column 3).

- The translator will multiply the resulting HIPAA units by 15 and round to zero decimal places to obtain SD/MC unit(s) of service for processing.

This conversion should be used only for NTP Group and Individual Counseling. ADP approves these services in units representing 10-minute increments. The 10-minute increment for units of service should be claimed consistent with the chart below.

County/Direct Contract Provider Must Calculate & Enter the HIPAA Unit				State Translator Will Convert to Proprietary DMC Unit for SD/MC Process		
Column 0	Column 1	Column 2	Column 3 (Col. 1 x Col. 2)	Column 4	Column 5 (Col. 3 x Col. 4) (Rounded)	Column 6
DMC Unit	Minutes of Service per Unit	Multiply by:	Converted to HIPAA Units, Equals:	Mult. Factor (15 x HIPAA Unit)	Equals DMC Minutes	DMC Prop. Unit
1	10	0.066667	0.67	15	10	1
2	20	0.066667	1.33	15	20	2

Crosswalks

County/Direct Contract Provider Must Calculate & Enter the HIPAA Unit				State Translator Will Convert to Proprietary DMC Unit for SD/MC Process		
Column 0	Column 1	Column 2	Column 3 (Col. 1 x Col. 2)	Column 4	Column 5 (Col. 3 x Col. 4) (Rounded)	Column 6
DMC Unit	Minutes of Service per Unit	Multiply by:	Converted to HIPAA Units, Equals:	Mult. Factor (15 x HIPAA Unit)	Equals DMC Minutes	DMC Prop. Unit
3	30	0.066667	2.00	15	30	3
4	40	0.066667	2.67	15	40	4
5	50	0.066667	3.33	15	50	5
6	60	0.066667	4.00	15	60	6
7	70	0.066667	4.67	15	70	7
8	80	0.066667	5.33	15	80	8
9	90	0.066667	6.00	15	90	9
10	100	0.066667	6.67	15	100	10
11	110	0.066667	7.33	15	110	11
12	120	0.066667	8.00	15	120	12
13	130	0.066667	8.67	15	130	13
14	140	0.066667	9.33	15	140	14
15	150	0.066667	10.00	15	150	15
16	160	0.066667	10.67	15	160	16
17	170	0.066667	11.33	15	170	17

Crosswalks

County/Direct Contract Provider Must Calculate & Enter the HIPAA Unit				State Translator Will Convert to Proprietary DMC Unit for SD/MC Process		
Column 0	Column 1	Column 2	Column 3 (Col. 1 x Col. 2)	Column 4	Column 5 (Col. 3 x Col. 4) (Rounded)	Column 6
DMC Unit	Minutes of Service per Unit	Multiply by:	Converted to HIPAA Units, Equals:	Mult. Factor (15 x HIPAA Unit)	Equals DMC Minutes	DMC Prop. Unit
18	180	0.066667	12.00	15	180	18
19	190	0.066667	12.67	15	190	19
20	200	0.066667	13.33	15	200	20

7.1.4 TABLE D - DUPLICATE PAYMENT OVERRIDE CODE CROSSWALK

SD/MC Code	SD/MC Code Description	Procedure Modifier	Modifier Description
Y	Override duplicate billing edit	59	Distinct Procedural Service
Y	Override duplicate billing edit	76	Repeat Procedure by Same person
Y	Override duplicate billing edit	77	Repeat Procedure by Different person
Blank	Do not override duplicate billing edit		

If a procedure modifier of 59, 76, or 77 appears at the service line the "Translator" will put a "Y" in the "Duplicate Payment Override" field on the SD/MC claim legacy system.

7.1.5 TABLE E - DELAY REASON CODE CROSSWALK

SD/MC Late Billing Override Code	Description	HIPAA Delay Reason Code	HIPAA Descriptions
A	Patient or legal representative's failure to present Medi-Cal identification	1	Proof of Eligibility Unknown or Unavailable
B	Billing involving other coverage including, but not limited to Medicare, Ross-Loos or CHAPMUS	7	Third Party Processing Delay
C	Circumstances beyond the control of the local program/provider regarding delay or error in the certification of Medi-Cal eligibility of the beneficiary by the state or county.	8	Delay in Eligibility Determination
D	Circumstances beyond the control of the local program/provider regarding delays caused by natural disaster, willful acts by an employee, delays in provider certification, or other circumstances that have been reported to the appropriate law enforcement or fire agency, when applicable.	4, 11	4 = Delay in Certifying Provider 11 = Other
E	Special circumstances that cause a billing delay such as a court decision or fair hearing decision.	10	Administrative Delay in Prior Approval Process.
F	Initiation of legal proceedings to obtain payment of a liable third party pursuant to Section 14115 of the Welfare and Institutions Code (WIC).	2	Litigation
Blank	Do not override late billing		

7.1.6 TABLE F – ICD-9 CODES CROSSWALK

ICD-9-CM Diagnostic Code	ICD-9-CM Description	DSM Diagnostic Code	DSM IV Description
303.00	Acute Intoxication with Alcoholism	30300	Alcohol Intoxication
303.90	Other And Unspecified Alcohol Dependence - Unspecified	30390	Alcohol Dependence
304.00	Opioid Type Dependence - Unspecified	30400	Opioid Dependence
304.10	Barbiturate And Similarly Acting Sedative Or Hypnotic Dependence - Unspecified	30410	Sedative, Hypnotic, or Anxiolytic Dependence
304.20	Cocaine Dependence - Unspecified	30420	Cocaine Dependence
304.30	Cannabis Dependence - Unspecified	30430	Cannabis Dependence
304.40	Amphetamine And Other Psychostimulant Dependence - Unspecified	30440	Amphetamine Dependence
304.50	Hallucinogen Dependence - Unspecified	30450	Hallucinogen Dependence
304.60	Other Specified Drug Dependence - Unspecified	30460	Inhalant Dependence or Phencyclidine Dependence
304.70	Combinations of Opioid Type Drug With Any Other - Unspecified	30470	N/A
304.80	Combinations Of Drug Dependence Excluding Opioid Type Drug - Unspecified	30480	Polysubstance Dependence
304.90	Unspecified Drug Dependence - Unspecified	30490	Other (or Unknown) Substance Dependence
305.00	Alcohol Abuse - Unspecified	30500	Alcohol Abuse*
305.20	Cannabis Abuse - Unspecified	30520	Cannabis Abuse
305.30	Hallucinogen Abuse - Unspecified	30530	Hallucinogen Abuse
305.40	Barbiturate And Similarly Acting Sedative Or Hypnotic Abuse - Unspecified	30540	Sedative, Hypnotic, or Anxiolytic Abuse
305.50	Opioid Abuse - Unspecified	30550	Opioid Abuse
305.60	Cocaine Abuse - Unspecified	30560	Cocaine Abuse
305.70	Amphetamine or Related Acting Sympathomimetic Abuse - Unspecified	30570	Amphetamine Abuse
305.80	Antidepressant Type Abuse - Unspecified	30580	N/A
305.90	Other, Mixed, Or Unspecified Drug Abuse - Unspecified	30590	Caffeine Intoxification, Inhalant Abuse, Phencyclidine Abuse, or Other (or Unknown) Substance Abuse

* "alcohol abuse" may include acute alcohol intoxication without alcoholism

Applying the "Fifth Digit"

The ICD-9-CM does augment the DSM III/IV determination in that assessment must identify and include a fifth digit indicating the client's pattern of use. The digit and corresponding patterns are indicated in the following table:

Code	Pattern of Use	Alcohol Use	Drug Use
0	Unspecified	Not specified in documentation.	Not specified in documentation.
1	Continuous	Daily intake of large amounts of alcohol or regular heavy drinking on weekends or days off from work.	Daily, or almost daily, use of drugs.
2	Episodic	Alcoholic binges lasting weeks or months followed by long periods of sobriety.	Short periods between drug use, or use on weekends.
3	Remission	A complete cessation of alcohol intake or a period of time during which a decrease toward cessation is taking place.	A complete cessation of drug intake or a period of time during which a decrease toward cessation is taking place.

The following table provides a comparative illustration of ICD-9 fifth digit parameters with DSM III fifth digit parameters. The DSM III fifth digit definitions are not distinct for alcohol use and drug use.

Code	Course/ Pattern of Use[1]	DSM III/IV Definition	ICD-9 Definition	
			Alcohol Use	Drug Use
0	Unspecified	Course unknown or first signs of illness with respect to course uncertain.	Not specified in documentation.	Not specified in documentation.
1	Continuous	More or less regular maladaptive use for over six months.	Daily intake of large amounts of alcohol or regular heavy drinking on weekends or days off from work.	Daily, or almost daily, use of drugs.
2	Episodic	A fairly circumscribed period of maladaptive use, with one or more similar periods in the past.	Alcoholic binges lasting weeks or months followed by long periods of sobriety.	Short periods between drug use, or use on weekends.
3	Remission	Previous maladaptive use, but not using substance at present. The differentiation of remission from no longer ill and from the other course categories requires consideration of the period of time since the last period of disturbance, the total duration of the disturbance and the need for continued evaluation for prophylactic treatment.	A complete cessation of alcohol intake or a period of time during which a decrease toward cessation is taking place.	A complete cessation of drug intake or a period of time during which a decrease toward cessation is taking place.

1 - The DSM-III uses the term "Course."

7.1.7 TABLE G – TRANSLATOR ERRORS

#	SD/MC Field Name	Value Required/Expected	Value Found	Category	Resolution	Error Message
1	Claim ID - Claim Type	ADP	Correct value not found	FATAL	Reject the complete file	The value 'A' was not found for the Claim Type, instead found xxxxx … Transaction Aborted
2	Claim ID - Provider Code	4 digit code	No code found at any level	FATAL	Reject the complete file	The provider code was not found or was of invalid length … Transaction Aborted
3	Claim ID - Provider Code	4 digit code	Code found but has invalid length (e.g. > 4 digits)	FATAL	Reject the complete file	The provider code was not found or was of invalid length … Transaction Aborted
4	Claim ID - Provider Code	4 digit code	Codes in 2300 and 2400 loops don't match	INFO	Use code from 2400 loop	Provider Code Mismatch : 2300 code - xxxx , 2400 code - xxxx
5	Claim ID - Claim Serial	5 digit code	No code found	FATAL	Reject the complete file	The claim serial number was not found ... Transaction Aborted
6	Program Code	20 or 25 for ADP	No Value Found or Incorrect Value Found	FATAL	Reject the complete file	Invalid program code… Transaction Aborted
7	Program Code/Mode of Service	one result from database query	No code translation is found	FATAL	Reject the complete file	No code crosswalk found… Transaction Aborted
8	Program Code/Mode of Service	one result from database query	Multiple translations are found	FATAL	Reject the complete file	Multiple code crosswalks found. Transaction Aborted
9	Patient Name	last and first names (total 14 chars)	Last or First Name greater than the required number of characters	INFO	Use whole Last Name or first 11 Characters of Last Name and 3 characters of First Name	Patient Name truncated to fit the 14 character field.
10	Patient record number	<= 9 characters long	Longer than 9 characters	INFO	Use the first 9 characters	Patient Record number has been truncated to fit the 9 character field.
11	Beneficiary ID	<= 14 characters long	longer than 14 characters	FATAL	Reject the complete file	Beneficiary ID length is too long,

Crosswalks

#	SD/MC Field Name	Value Required/Expected	Value Found	Category	Resolution	Error Message
						transaction aborted.
12	Service first and last dates	Must be within the same month and year.		FATAL	Reject the complete file	Claim cannot cross months and years, transaction aborted
13	Units of Time (DMH only)	4 digit code needs to be populated in units of time field	a value grater than 9999	FATAL	Reject the complete file	Invalid Units of Time, transaction aborted.
14	Units of Service (DMH only)	3 digit code needs to be populated in units of service field	SV104 rounded value is greater than 999	FATAL	Reject the complete file	Invalid Units of Service, transaction aborted.
15	Total Billed Amount	a double value	Value greater than 8 characters long	FATAL	Reject the complete file	Invalid length of Total Amount Billed, transaction aborted.
16	Late Billing Override Code	specific 2-digit codes	No code translation found in database	FATAL	Reject the complete file	Invalid Late Billing Override Code, transaction aborted.
17	Late Billing Override Code	specific 2-digit codes	Multiple code translation found in database	FATAL	Reject the complete file	Invalid Late Billing Override Code, transaction aborted.
18	Crossover indicator	2 digit code	SBR09 is not from the list of valid codes	FATAL	Reject the complete file	No value or unknown value found, transaction aborted.
19	General Exception			URGENT	Varies depending on which component the exception occurred in	Exception found: dynamic message
20	Service Year and Month	Same value for all claims in a submission	Multiple Service Year and Months	FATAL	Reject the complete file	Multiple Service Year and Month Found in File

7.2 MAPPING SD/MC EOB CODES TO 835

This section helps in uniquely translating Short Doyle Medi-Cal System (SD/MC) codes to that of HIPAA compliant codes and vice versa. These mappings are stated in the tables.

7.2.1 TABLE A - SORT KEY CROSSWALK

Sort Key (Claim Adjudication Type)		Claim Status Code	
A	Approved Claim	25	Predetermination Pricing Only, No payment
D	Denied Claim	4	Denied

Notes:

- If at least one service on a claim is approved, code "25" will be used. Review the service level information to determine if any lines have been denied.
- If all services have been denied, code "4" will be used.

7.2.2 TABLE B - THIRD PARTY LIABILITY INDICATOR CROSSWALK

SD/MC Value	835 Value	Description
A	AC	Any Carrier - Pay and Chase
B	BD	Blue Cross
C	CH	CHAMPUST Prime HMO
D	PR	Prudential
E	AE	Aetna
F	FM	Medicare HMO
G	GA	General American
H	MO	Mutual of Omaha
I	ML	Metropolitan Life
J	JH	John Hancock
K	KA	Kaiser
L	LD	Dental Only Policies
M	MU	Two or more carriers
P	PH	PHP/HMOs or EPO (Exclusive Provider Option)
S	BT	Blue Shield
T	TR	Travelers
U	CG	Connecticut General/Equicor/Cigna
V	VA	Variable - any carrier other than the above, includes multiple coverage
W	GW	Great West Life
X	BS	Blue Shield
Z	BC	Blue Cross
2	PL	Provident Life and Accident
3	PF	Principal Financial Group
4	PM	Pacific Mutual Life
5	AH	Alta Health Strategies
6	AA	AARP
8	NY	New York Life
9	9H	Healthy Families Program
*	XM	Medicare Part A only
#	YM	Medicare Part B only
$	ZM	Medicare Part A and Part B
N	n/a*	None
O	n/a*	Override
Blank	n/a*	No Medicare and No TPL/OHC

* - These values will not cause data to be populated on the 835.

7.2.3   TABLE C - TRANSACTION CODES CROSSWALK

SD/MC Error Code	SD/MC Error Message	Adjustment Group	Adjustment Reason	Remarks Code	Comments
C	Unprocessable, invalid claim ID	CO	16	MA130	
D	Unprocessable, duplicate claim ID	CO	18	MA130	
F	Failed Edits (Approve/Deny) County Option	CO	A1	MA130	
N	Deny claim with non-Title XIX determination	CO	31	MA130	
O	Unprocessable, invalid override code	CO	138	MA130	This error had only the late override which crosswalks to the delay reason code below.
R	Unprocessable, Receipt date error		n/a		Will be generated by state.
S	Unprocessable, duplicate claim ID on Suspense	CO	18	MA130	
T	Deny claim with tape submission error		n/a		This is not applicable to HIPAA transactions.
X	County requested denial of claim on suspense	OA	A1	MA130	
Blank	Claim denied after 97 days on suspense	CO	B5	MA130	

7.2.4   TABLE D - SD/MC ERROR CODES CROSSWALK

SD/MC Error	SD/MC Message	Error Field Indicators	Adjustment Group Reason		Remark Code	Comments
01	Data element is BLANK	203-204 Gender	CO	31	MA39	
01	Data element is BLANK	205-206 DOB year	CO	31	MA38	
01	Data element is BLANK	207-208 Service YYYYMM	CO	B18	MA66	
01	Data element is BLANK	211-212 Mode of Service	CO	B7	M51	
01	Data element is BLANK	215-216 Service Function	CO	B7	M51	
01	Data element is BLANK	221-222 Total Billed Amount	CO	16	M54	
01	Data element is BLANK	223-224 Claim For Date Claim Submitted	CO	16	M58	
01	Data element is BLANK	229-230 Race/Ethnicity				Value will be populated from MEDS.
02	Not a valid date	205-206 DOB year	CO	31	MA38	
02	Not a valid date	207-208 Service YYYYMM	CO	16	MA66	
02	Not a valid date	231-232 Service/Treatment Date	CO	16	MA66	
03	Invalid code	199-200 Crossover Indicator	CO	16	MA85	
03	Invalid code	201-202 Welfare ID	CO	31	MA61	
03	Invalid code	203-204 Gender	CO	31	MA39	
03	Invalid code	209-210 Provider Code	CO	B7	M57	
03	Invalid code	211-212 Mode of Service	CO	B7	M51	
03	Invalid code	213-214 Program Code	CO	B7	M51	
03	Invalid code	215-216 Service Function	CO	B7	M51	
03	Invalid code	217-218 Units of Time	CO	16	MA102	
03	Invalid code	233-234 Discharge Indicator	CO	16	N50	
03	Invalid code	235-236 Diagnosis	CO	16	M81	
04	Late submission	207-208 Service YYYYMM	CO	29		
05	Not valid day	231-232 Service/Treatment Date	CO	16	MA66	
06	Not numeric	205-206 DOB year	CO	31	MA66	
06	Not numeric	207-208 Service YYYYMM	CO	16	MA66	
06	Not numeric	209-210 Provider Code	CO	B7	M57	
06	Not numeric	211-212 Mode of Service	CO	B7	M51	
06	Not numeric	217-218 Units of Time	CO	16	N59	
06	Not numeric	219-220 Units of Service	CO	16	N59	
06	Not numeric	221-222 Billed Amount	CO	16	M54	
06	Not numeric	227-228 Admit Date	CO	16	MA40	

Crosswalks

SD/MC Error	SD/MC Message	Error Field Indicators	Adjustment Group Reason		Remark Code	Comments
06	Not numeric	231-232 Service/Treatment Date	CO	16	MA66	
07	Zero Claimed	217-218 Units of Time	CO	16	M53	
07	Zero Claimed	221-222 Billed Amount	CO	16	M54	
08	Mode not authorized	211-212 Mode of Service	CO	B7	N65	
08	Mode not authorized	209-210 Provider Code	CO	B7	MA129	
09	Ineligible in month and year	201-202 Welfare ID	CO	26	N59	
09	Ineligible in month and year	207-208 Service YYYYMM	CO	26	N59	
09	Ineligible in month and year	209-210 Provider Code	CO	B7	MA129	
10	Conflicts with eligibility file	199-200 Crossover Indicator	CO	16	MA85	
10	Conflicts with eligibility file	203-204 Gender	CO	31	MA21	
10	Conflicts with eligibility file	205-206 DOB year	CO	31	MA38	
10	Conflicts with eligibility file	225-226 Name	CO	31	MA21	
11	Not on eligibility file.	201-202 Welfare ID	CO	31	N59	
12	Not on DHS provider file	209-210 Provider Code	PI	B7	M57	
13	Program not authorized in month and year	207-208 Service YYYYMM	CO	B7	N56	
13	Program not authorized in month and year	209-210 Provider Code	CO	B7	MA129	
13	Program not authorized in month and year	211-212 Mode of Service	CO	B7	N56	
14	Mode not authorized in month and year	207-208 Service YYYYMM	CO	B7	N56	
14	Mode not authorized in month and year	209-210 Provider Code	CO	B7	MA129	
14	Mode not authorized in month and year	211-212 Mode of Service	CO	B7	N56	
15	No secondary match	201-202 Welfare ID	CO	31	N59	
16	Service date greater than receipt date.	207-208 Service YYYYMM	CO	110	N59	
17	Healthy Families hold period.	201-202 Welfare ID	CO	16	M16	Counties receiving this combination should review ADP Information Letter 98-14 for additional

Crosswalks

SD/MC Error	SD/MC Message	Error Field Indicators	Adjustment Group Reason		Remark Code	Comments
						information.
17	Healthy Families hold period.	207-208 Service YYYYMM	CO	16	M16	Counties receiving this combination should review ADP Information Letter 98-14 for additional information.
18	Claim too old for eligibility check	201-202 Welfare ID	CO	31	N1	
19	Invalid Service Function Code	215-216 Service Function	CO	B7	N65	
20	Units of service are not less than or equal to the units of time	217-218 Units of Time	CO	16	M53	
20	Units of service are not less than or equal to the units of time	219-220 Units of Service	CO	16	M53	
21	Invalid drug code	235-236 Diagnosis	CO	11	MA63	
22	Date range not allowed	231-232 Service/Treatment Date	CO	16	N74	
23	Units of service are greater than allowed (in Duplicate Error Column - Duplicate service, in ADP Error Column - Units are greater than allowed, and Units of Service Error Column - number of service units greater than allowed).	197-198 Duplicate	CO	119	M86	
23	Units of service are greater than allowed (in Duplicate Error Column - Duplicate service, in ADP Error Column - Units are greater than allowed, and Units of Service Error Column - number of service units greater than allowed).	217-218 Units of Time	CO	119	M53	
23	Units of service are greater than allowed (in Duplicate Error Column - Duplicate service, in ADP Error Column - Units are greater than allowed, and Units of Service Error Column - number of service units	219-220 Units of Service	CO	119	M53	

Crosswalks

SD/MC Error	SD/MC Message	Error Field Indicators	Adjustment Group Reason		Remark Code	Comments
	greater than allowed).					
24	To date is greater than from date.	231-232 Service/Treatment Date	CO	16	MA31	
25	Units not equal to days.	217-218 Units of Time	CO	16	M53	
25	Units not equal to days.	219-220 Units of Service	CO	16	M53	
25	Units not equal to days.	221-222 Billed Amount	CO	42	M54	
25	Units not equal to days	231-232 Service/Treatment Date	CO	16	MA31	
25	Units not equal to days.	233-234 Discharge Indicator	CO	16	M53	
26	Duplicate Service - No Override	197-198 Duplicate	CO	18	M86	
27	Multiple Service - Override OK	197-198 Duplicate	CO	18	M80	
28	Greater than two outpatient services	197-198 Duplicate	CO	119	N59	
29	Service Function Not Authorized	209-210 Provider Code	CO	B7	MA129	
29	Service Function Not Authorized	211-212 Mode of Service	CO	B7	N56	
29	Service Function Not Authorized	215-216 Service Function	CO	B7	N65	
30	Service Function Not Authorized in month and year	207-208 Service YYYYMM	CO	B7	N56	
30	Service Function Not Authorized in month and year	209-210 Provider Code	CO	B7	MA129	
30	Service Function Not Authorized in month and year	211-212 Mode of Service	CO	B7	N56	
30	Service Function Not Authorized in month and year	215-216 Service Function	CO	B7	N65	
31	Medicare Coverage Part, HIC #	199-200 Crossover Indicator	CO	16	MA85	
31	Medicare Coverage Part, HIC #	221-222 Billed Amount	CO	16	MA85	
32	Other Coverage Indicator	199-200 Crossover Indicator	CO	16	MA92	
32	Other Coverage Indicator	221-222 Billed Amount	CO	16	MA92	
33	Claims less than two days of LAAM dose	197-198 Duplicate	CO	B5	N14	
34	Dollars greater than allowed	197-198 Duplicate	CO	18	N20	
34	Dollars greater than	217-218 Units of Time	CO	42	N14	

Crosswalks

SD/MC Error	SD/MC Message	Error Field Indicators	Adjustment Group Reason		Remark Code	Comments
	allowed					
34	Dollars greater than allowed	219-220 Units of Service	CO	42	N14	
34	Dollars greater than allowed	221-222 Billed Amount	CO	42	N14	
35	Two doses in one day not allowed	197-198 Duplicate	CO	119	M86	

8.0 UNIQUE CLAIM IDENTIFIERS

8.1 SD/MC REQUIREMENTS

The Short/Doyle Medi-Cal system requires a Unique Claim ID for all claims. The Unique Claim ID is located in Cols 1-10 in the Proprietary SD/MC Layout. This Claim ID is populated as follows:

Field	Length	Usage
Claim Type (Col 1)	1	A – for ADP
Provider Code (Cols 2-5)	4	4-digit Provider Code
Claim Serial Number (Cols 6-10)	5	5-digit sequentially increasing number

Some of the important considerations for creating unique Claim IDs for the SD/MC system are:

- The Claim Serial Number should be incremented per provider. For example, the following Claim IDs are accepted – A192100001, A192100002, A194500001.
- No single file can have duplicate Claim IDs; all duplicates are denied.
- Once a claim is approved or denied, its Claim ID can be reused. If a claim is suspended, then its Claim ID should not be used until that claim is either corrected or aged denied. If a suspended Claim ID is reused, the new claim will be denied.
- ADP recommends that trading partners increment the claim serial number per provider until all the possible serial numbers are exhausted, before reusing the serial numbers for that provider. This will avoid duplicates due to suspensions.

8.2   HIPAA TRANSLATOR REQUIREMENTS

The ADP HIPAA Translator enforces the same constraints on claims as the SD/MC system in regards to unique IDs. The Claim ID for each SD/MC claim is assembled from different loops and segments of the HIPAA 837P transaction set. The Translator considers each service line loop (2400) in the 837P as an SD/MC claim and hence the claim serial number is always required in this loop. The SD/MC Claim ID is assembled as follows:

SD/MC Field	837P Field	837P Length	Usage	SD/MC Length
Claim Type	2010BB Organization Name NM103	3	The value "ADP" is expected	1
Provider Code	The following elements are searched (in that order) for the provider code: 2310D NM109 –Service Facility Location Primary ID	10	10-digit NPI is expected and used to crosswalk to the DMC Number. The 4 character DMC Number is then used for the SD/MC provider Code.	4
Claim Serial Number	2400 REF02 – Line Item Control Number Note that 2300 CLM01 – Patient Account Number is not used since it uniquely identifies the 837 Claim with all of its subordinate service lines. Each service line is a unique claim to the SD/MC system so the Line Item Control Number is used for SD/MC Unique Claim Identification.	30	Only the first 5 digits are used. A 5-digit sequentially increasing number is expected in the first 5 digits.	5

Some of the important considerations while creating unique Claim IDs for 837P transaction sets are:

- The Translator verifies the uniqueness of each 10-character Claim ID (extracted as described above) for each service month. This Claim ID is passed on to the SD/MC system which further verifies the uniqueness and compares it to the claims in suspense.

- The Line Item Control Number should be populated with a 5-digit serial number first. The submitter is allowed to append an additional 25-character control string. All 30-characters are returned on the 835 and the first 23 characters are returned on the EOB (until it is retired) for that claim.

- Duplicate Claim IDs will cause the entire file to be rejected and a message will be displayed on ITWS which will identify the first claim that was a duplicate.

- Once a claim is approved or denied, its Claim ID can be reused. If a claim is suspended, then its Claim ID should not be used until that claim is either corrected or aged denied. If a suspended Claim ID is reused, the new claim will be denied.

- ADP recommends that trading partners increment the claim serial number per provider until all the possible serial numbers are exhausted, before reusing the serial numbers for that provider. This will avoid duplicates due to suspensions.